

**Arizona DES/DDD
HCBS Rate Setting
Consultant Workgroup**

*Burns & Associates
Mercer Government Human Services Consulting
Navigant Consulting*

*Division of Developmental Disabilities
SFY08 Rate Rebasing Project*

Provider Cost Survey
Final Report

February 2008

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Arizona Division of Developmental Disabilities
Provider Cost Survey
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Final Report of DDD Provider Survey

December 5, 2007

IN THE SUMMER OF 2007, the Arizona Division of Developmental Disabilities (DDD) contracted with Burns & Associates, Mercer Government Human Services Consulting and Navigant Consulting to aid in the process of rebasing provider rates. The three firms constituted a consultant work group (CWG) that has met regularly over the past year to re-examine the rates (SFY 2006) that are offered to providers. Part of this process involved a Burns & Associates survey of providers of developmental disability services to assess their situation. Findings of this survey are used in conjunction with research by the CWG to derive new rates for SFY 2008. A summary of the survey results, as well as detailed statistics and complete data, follow.

BACKGROUND AND METHODOLOGY

Burns & Associates developed an initial survey instrument by combining past surveys, CWG suggestions and DDD input. On May 7, 2007 the CWG met with providers and the Arizona Association of Providers for People with Disabilities (AAPPD) to solicit their feedback on survey content. Revisions were made throughout the spring of 2007, as providers, contractors and DDD worked together to create a survey that would meet all needs. A final version of the survey was approved and preparations for delivery ensued at the end of May. (See APPENDIX D for a copy of the final survey).

The final survey consisted of five sections, plus a section for each service provided by the organization. Respondents were asked to provide contact information; information related to direct care benefits provided; administrative, indirect, and hiring expenses; wages for administrative/indirect staff; direct service staff wage and salary anticipated adjustments; as well as specific service questions on direct staff employee information and productivity. Providers were also asked to submit job descriptions along with their completed survey.

The survey was distributed to 233 agency providers on May 25, 2007. Primary contacts – and, in some cases, additional or alternative contacts – may have received an electronic copy of the survey. Twenty-seven providers could not be reached, due to inaccurate or incomplete contact information. A detailed set of instructions accompanied the survey. (See APPENDIX E for a copy of the instructions). Both the survey and instructions were e-mailed to providers, with a requested deadline of June 25. A meeting was held on June 7, 2007, to answer questions and give providers help in completing the survey.

Returned surveys were tracked and checked for completeness. Follow-up contacts were made to try to ensure completeness and usability of all respondent's answers. Providers were sent a follow-up request for responses or an acknowledgement of receipt. Twenty-five providers declined to participate in the survey.

Responses were accepted up through July 24 in order to allow extra time for participation. As of the data collection cut off date, 25 completed responses had been received. Two other surveys were submitted by music therapy organizations. Those responses were not included in the analysis but were forwarded to Navigant for use in setting rates. In addition, seven providers submitted incomplete responses that were also excluded from analysis.

The 25 completed responses included in the analysis account for 41% of the total units and 44% of total payments of all DDD providers in SFY 2006. Respondents also include seven of Arizona's ten largest providers. More detail on response rates (including the percent of providers submitting a survey by each service group) is found on page 1 of APPENDIX A.

FINDINGS

A number of calculation methods and groups of included respondents were considered for each factor of the rate model. Statistics included straight averages, averages weighted by number of full-time equivalent direct staff employees (FTEs), averages weighted by reported revenue, and averages without outliers and/or extreme values. The CWG discussed all of these variations and decided on statistics resulting from the survey that were determined to be the most representative of the information reported.

All calculated variations of these statistics are presented in APPENDIX A, with a detailed explanation of calculation definitions and methodology in APPENDIX B. In addition, APPENDIX C contains a complete set of provider responses. Provider names have been omitted from all sections of this report to protect the identity of individuals. A copy of the survey is provided in APPENDIX D, along with the accompanying survey instructions in APPENDIX E.

Administrative & Indirect Expenses

Schedule 3 of the provider survey asked respondents about their administrative expenses, indirect expenses, and revenues received. Total administrative and indirect expenses, as well as total revenues from all sources, are considered. Dividing expenses by reported revenue, we can determine the percentage of administrative expenses and indirect expenses that should be factored into rate calculations.

Considering representative providers, the percent of administrative expenses ranged from 5.6% to 34%, and the percent of indirect expenses ranged from 3.2% to 29.6%. There does not appear to be a correlation between administrative expenses and size of an organization.

TABLE 1 below presents administrative expenses and indirect expenses as percentages of total revenue. A complete set of statistics is included in APPENDIX A on pages 2 and 3, with technical documentation in APPENDIX B detailing the numbers presented here. On average, providers reported that administrative expenses accounted for 12.2% of their total revenues and indirect expenses were 9.4%. This percentage is consistent with 11.1% administrative expenses reported by non-profit companies on Form 990.

Table 1
Administrative Expenses and Indirect Expenses
as a Percent of Total Revenue

Administrative	Indirect	Total
12.2%	9.4%	21.6%

The survey included questions to obtain more information on hiring expenses. As employee turnover was considered a potential factor in increased costs, providers were asked to report on expenses related to advertising open positions, background and screening checks, and initial training of staff.

On average, hiring expenses were 1.4% of total revenue, with six percent the highest reported percentage. Respondents who reported a higher-than-average percent of hiring expenses were not necessarily smaller organizations, nor were they organizations with higher turnover of direct service staff.

Table 2
Hiring Expenses

As a Percent of Total Revenue:	1.4%
As a Percent of Indirect Expenses:	14.1%

Employee Benefits Provided

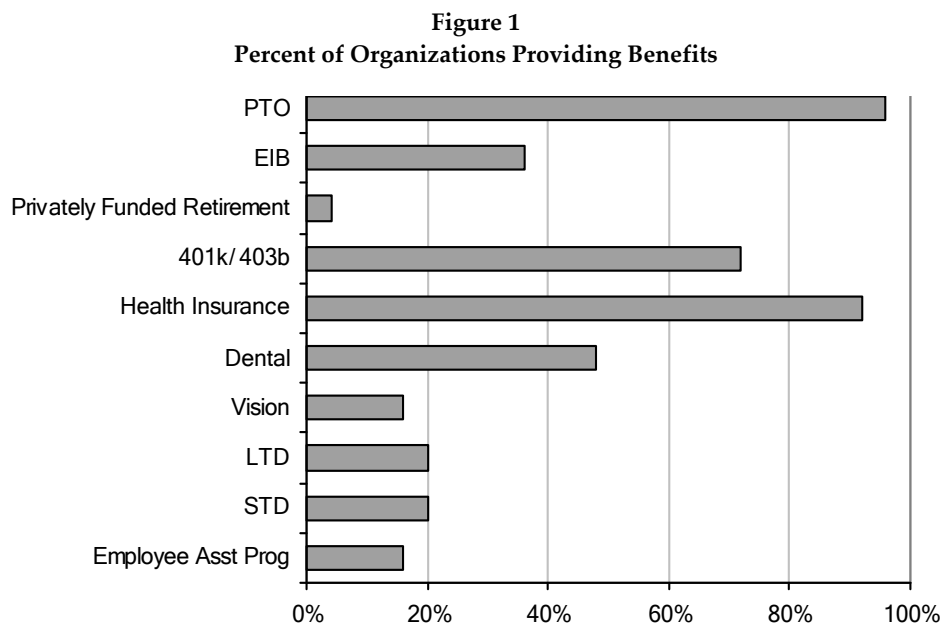
The survey included questions on benefits provided to direct service staff, in order to estimate the percent of wages accounted for by benefits. It is important to consider what benefits are provided by the majority of organizations as well as an estimated value of the benefit. Benefits specifically mentioned in the survey were: paid time off (PTO), extended illness benefits (EIB), retirement plans, health insurance, worker's compensation and unemployment insurance.

Twenty-four of the 25 responding providers reported that their direct service staff is eligible for PTO. However, employees must wait an average of 90 days before receiving any paid time off. EIB is provided by 36% of providers. Of those that provide EIB, 56% have a definition of EIB that differs from that defined in the survey. Some providers considered sick days or long-term disability to be EIB.

Only one provider reported contributing to a privately funded retirement plan for their direct service staff. Seventy-two percent of providers contribute to a 401(k) or 403(b) plan. The average waiting period for direct service staff to be eligible for a 401(k)/403(b) is one year.

If a provider reported contributing to the monthly premium for health insurance, dental, vision, long-term disability, short-term disability, employee assistance program or other coverage types, that provider was assumed to have provided that benefit. The majority of organizations provided health insurance to their direct service staff. Less than half provided other types of health or insurance benefits. A total of 48% of providers listed another benefit that is offered to employees. Seven of those providers reported the other benefit to be life insurance. On average, staff must wait 90 days before being eligible to receive health insurance.

FIGURE 1 lists the percentage of organizations providing each benefit to their direct service staff. The majority of providers offer paid time off, health insurance and 401(k)/403(b) benefits to their employees.



Of providers who do offer each benefit to their direct service staff, the amount offered is presented in TABLE 3 below. Since only one provider offered a privately funded retirement plan, the amount contributed to this benefit is not included in the table.

Table 3
Amount of Benefit Provided by Organization

Benefit	Average Amount of Benefit Provided
Paid time off:	21.7 days per year
Extended illness benefit:	10.0 days per year
401(k)/403(b):	3.4% of staff salary
FUTA/SUTA rate:	0.5%
Workers' compensation rate:	1.8% per \$1,000 paid wages
Health insurance:	\$287.99 per month
Dental:	\$13.39 per month
Vision:	\$2.06 per month
Long term disability:	\$38.59 per month
Short term disability:	\$15.14 per month
Employee assistance program:	\$0.93 per month
Other:	\$14.98 per month

In addition to the 3.4% of direct service staff salary being contributed to 401(k)/403(b) accounts by providers on average, it is important to consider employee participation in this benefit. On average, 35.5% of eligible direct service staff offered a 401(k)/403(b) plan actually participate in this benefit. APPENDIX A pages 4 through 9 contain more detailed summaries of the results of the survey with respect to benefits as well as tables that convert the results of the survey into Employee Related Expense percentages at a variety of wage levels.

Service-Based Results

In Schedule 1 of the survey, providers were asked to select each of the services their organization provides. For each service selected, a series of questions was asked pertaining to number and type of direct service staff, wages, and other factors associated with productivity. Findings in these areas are divided by the five major service categories:

- Home & Community Based/Independent Living Services
- Day Treatment & Training Services
- Developmental Home Services
- Group Home Services
- Professional Services.

Transportation services are rolled into Day Treatment & Training Services, as no responding organization exclusively provided transportation services.

Wages, estimated annual turnover, and weekly hours supervised were reported for each direct service staff job title. Results for these factors are weighted by the number of FTE hours spent in the service of interest. Productivity questions were reported for each service provider. Averages are typically weighted by the number of FTE hours per provider in the service. More explanation of average calculations is provided in the technical documentation of APPENDIX B.

In some service areas, few respondents reported providing services, and response rates are lower than the overall survey response rate. The number of providers responding to the productivity questions of each service is provided at the beginning of each service category's findings. Caution should be used when interpreting the results of statistics of a low number of respondents.

Home & Community Based/Independent Living Services (HCBS)

TABLE 4 shows the number of providers responding to productivity questions in the Home & Community Based/Independent Living Services section. Twenty of the 25 respondents reported providing HCBS. The number of responses for individual questions is sometimes lower than the numbers in TABLE 4. APPENDIX C provides a complete set of responses and indicates item non-responses.

Table 4
Number of Providers Responding to HCBS Questions

Attendant Care:	17
Hab, CPT:	1
Hab, Support:	15
Housekeeping:	8
Respite, Hourly:	15
Respite, Continuous:	8
Hab, IDLA:	11

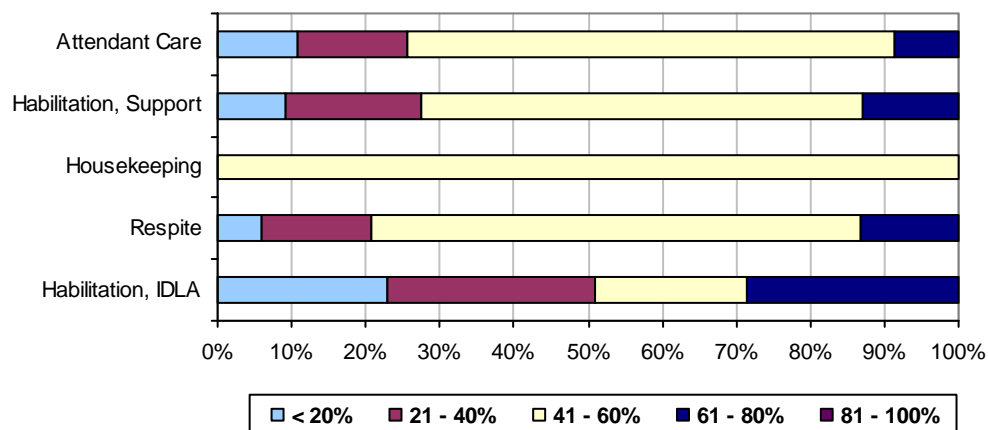
The average wage for each HCBS job category is provided in TABLE 5 below. Although the survey included questions about Habilitation, Community Protection and Treatment Hourly services, no provider reported having direct service staff in this area. Only one provider reported employing direct service staff that works in housekeeping. The average wage for all HCBS job categories is \$10.45. Wages ranged from \$10.09 for IDLA Habilitation to \$11.00 for housekeeping services. Additional depictions of HCBS wages are included on pages 10 and 11 in APPENDIX A.

Table 5
Average HCBS Wages

All HCBS Job Categories:	\$10.45
Attendant Care:	\$10.37
Hab, Support:	\$10.52
Housekeeping:	\$11.00
Respite, Hourly, Continuous:	\$10.56
Hab, IDLA:	\$10.09

Most providers reported having annual turnover of 41 to 60% for HCBS positions. Direct service staff in Habilitation, Individually Designed Living Arrangement (IDLA) areas had the most diverse turnover rates between positions. More than half of the direct service staff in Habilitation, IDLA had a turnover rate of 40% or less.

Figure 2
Estimated Annual Turnover for HCBS



Except for Habilitation, IDLA, direct service staff in HCBS positions receive less than one hour per week of direct supervision by other employees. Housekeeping positions typically are not supervised.

Table 6
Weekly Hours Supervised, HCBS Positions

Attendant Care:	0.62
Habilitation, Support:	0.71
Housekeeping:	0.0
Respite, Hourly & Continuous:	0.79
Habilitation, IDLA"	3.56

Providers were asked to report the average hours per visit or encounter length for each service they provide and the average number of visits per shift. FIGURE 3 shows the hours, on average, for one visit and for all visits during a shift. Respite, Continuous is the longest HCB Service with one visit of 18 hours. Housekeeping visits are the shortest at two hours per average visit.

Figure 3
Hours per Visit and Hours per Shift, HCBS

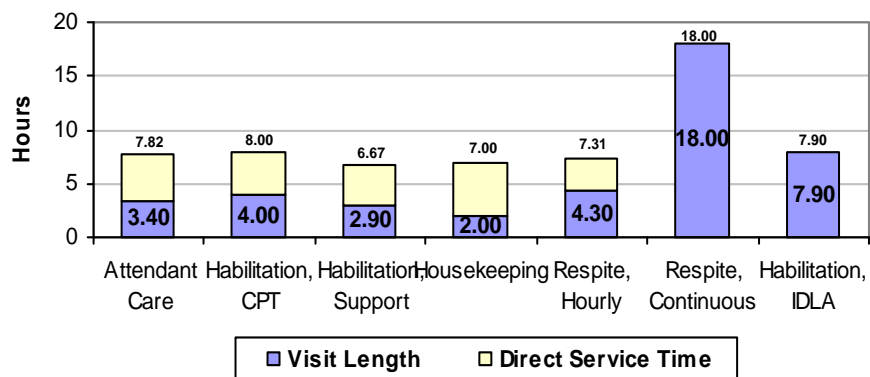


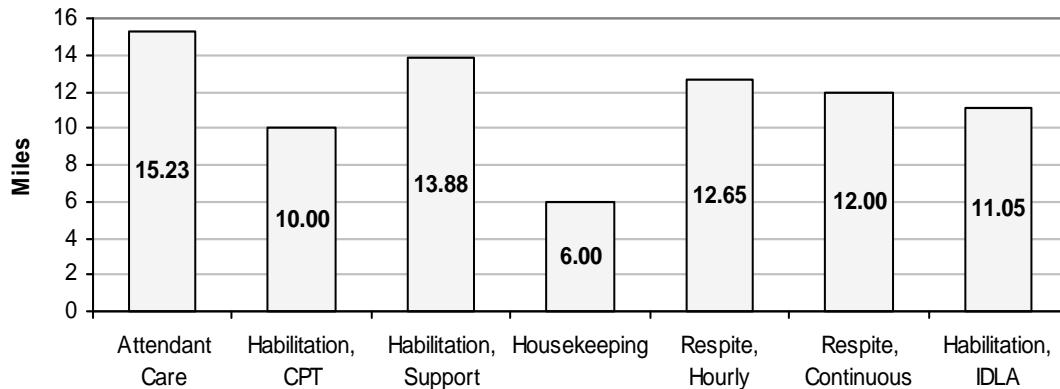
TABLE 7 shows the number of hours per shift that are not billable as direct service time, and the resulting productivity adjustment assuming a total of eight hours on-site time. Most services have about 0.1 hour per day spent in training and 0.5 hours traveling. Only staff in Habilitation, Community Protection and Treatment (CPT) spends time outside of their direct service time on notes and medical records. Other positions account for notes and medical records in direct service time if any time is used for this purpose. Housekeeping and hourly respite positions have some down time during their day. Hourly respite has by far the most time spent waiting for missed appointments.

Table 7
Daily Hours Spent in Non-Billable Activities, HCBS

Activity	Attendant Care	Hab, CPT	Hab, Support	House-keeping	Respite Hourly	Respite Contin.	Hab, IDLA
Training	0.10	0.05	0.10	0.05	0.10	0.10	0.10
Notes & Med Records	0.00	0.25	0.00	0.00	0.00	0.00	0.00
Down Time	0.00	0.00	0.00	1.00	0.00	1.75	0.00
Travel Time	0.50	0.75	0.70	0.50	0.50	0.50	0.45
Missed Appointments	0.45	0.80	0.30	0.40	5.85	0.00	0.15
<i>Productivity Adjustment</i>	<i>1.15</i>	<i>1.43</i>	<i>1.19</i>	<i>1.48</i>	<i>-0.32</i>	<i>1.71</i>	<i>1.11</i>

As is illustrated in FIGURE 4, the number of miles traveled to, between and from clients in a day ranges from an average of six miles for housekeeping services to 15.23 miles for attendant care services. Assuming a compensation rate of \$0.445 per mile, this translates into \$2.67 for housekeeping service staff to \$6.78 for attendant care staff.

Figure 4
Number of Daily Miles Traveled, HCBS



Additional detail on the productivity amounts summarized above for Home & Community Based/Independent Services can be found on pages 22 to 31 of APPENDIX A.

The provider survey included a listing of the current rate (state fiscal year 2006) and asked respondents (a) whether they thought the rate was appropriate and (b) to suggest a rate they thought would be most appropriate. The current rate and average suggested rates for HCB Services are presented in TABLE 8. Suggested rates are about \$2 to \$3 greater than the current rate.

Table 8
HCBS Rate Feedback

	Attendant Care	Hab, CPT	Hab, Support	House-keeping	Respite Hourly	Respite Contin.	Hab, IDLA
SFY06 Rate	\$15.59	\$20.90	\$19.89	\$14.36	\$15.28	\$15.28	\$20.10
Average Suggested Rate	\$18.39	\$22.62	\$21.86	\$16.93	\$17.66	\$18.31	\$22.07

Day Treatment & Training Services

Twenty providers reported that they provide Day Treatment & Training Services. The breakdown of Day Treatment & Training Services by specific type is listed below. Facility based Adult Day Treatment service questions had the greatest number of responses. No provider reported productivity information on Child, After-School, Community Based Day Treatment & Training Services.

Table 9
Number of Providers Responding to Day Treatment & Training Questions

Adult Day Treatment, Facility Based:	18
Adult Day Treatment, Community Based:	5
Child After-School Day Treatment, Facility Based:	2
Child After-School Day Treatment Community Based:	0
Child Summer Day Treatment, Facility Based:	3
Child Summer Day Treatment, Community Based:	2

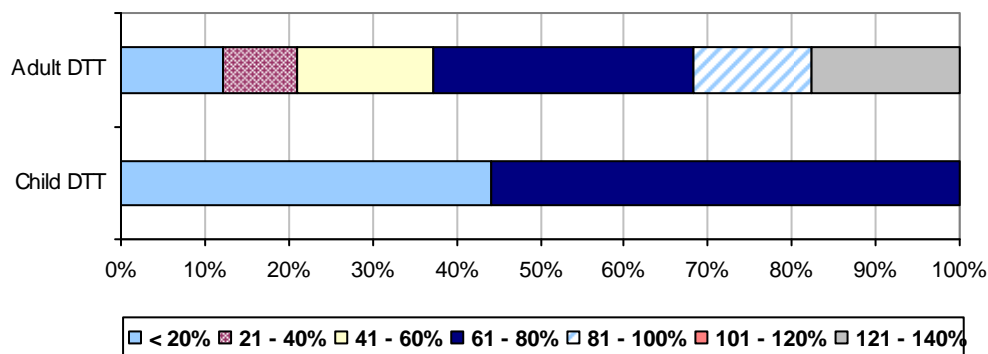
TABLE 10 shows the average wage for each Day Treatment & Training (DTT) job category. Direct service staff working with Adult Day Treatment & Training services had an average wage of \$9.54. Child Day Treatment & Training staff earned, on average, \$9.92 per hour. Child Day Treatment & Training services include both after-school services and summer services. No direct service staff member was reported to have spent time in regularly scheduled daily transportation. Additional depictions of wages paid in Day Treatment & Training services are included on pages 12 and 13 of APPENDIX A.

Table 10
Average DTT Wages

All Day Treatment Categories:	\$9.58
Adult Day Treatment & Training:	\$9.54
Child Day Treatment & Training:	\$9.92

The majority of direct service staff in Day Treatment & Training services has an estimated annual turnover rate of 61 to 80%. Adult Day Treatment & Training services staff salaries are inversely related to turnover. Positions with a turnover rate of less than 20% earn an average of \$13.39 per hour, while positions with an annual turnover rate of more than 100% average only \$8.97. Turnover rates for Child Day Treatment & Training services were provided by only two providers.

Figure 5
Estimated Annual Turnover for DTT



Day Treatment & Training service staff receives much more direct supervision than do HCBS positions. On average, Adult Day Treatment & Training staff is supervised 23.77 hours per week. Child Day Treatment & Training staff are supervised an average of 13.97 hours per week.

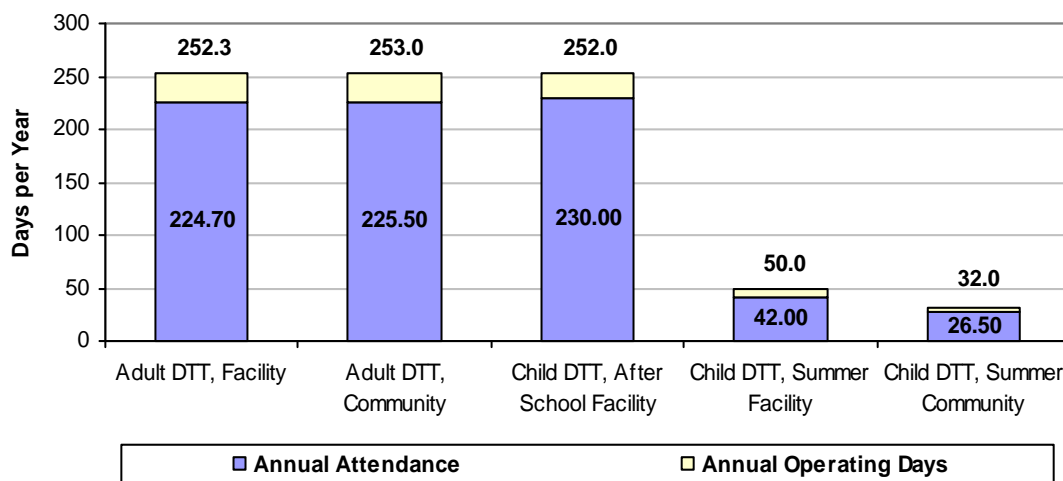
Table 11
Weekly Hours Supervised, DTT Positions

Adult Day Treatment & Training:	23.77
Child Day Treatment & Training:	13.97

The average number of days an adult day program operates is 252 days per year for facility based operations and 253 days per year for community based operations. Similarly, after-school child day treatment and training programs operate an average of 252 days. These calculations exclude any programs that operate less than 200 days annually. The typical annual attendance for a client of an adult day treatment program is about 225 days. After-school child day treatment programs have a slightly higher average attendance rate, with 230 per day per client. No respondents reported providing community based after-school child day treatment and training programs.

Child day treatment and training programs held in the summer only have a greater difference in operation days between facility based and community based programs. On average, facility based summer programs run 50 days, while community based programs run 32 days.

Figure 6
Days Program Operates and Annual Attendance, DTT



Providers were asked to give the minimum, maximum, and average length of a typical day treatment and training program. The average length of a typical adult day treatment program is 6.7 hours per shift for both facility and community based programs. Child after-school programs are shorter, at 4.0 hours on average.

Facility based summer day treatment programs for children not only operate more days per year than community based programs, but they also operate for more hours per shift. A typical facility based summer day treatment program runs for six hours per day, while a community based summer program runs for an average of four hours per day.

Figure 7
Hours of Typical Program, DTT

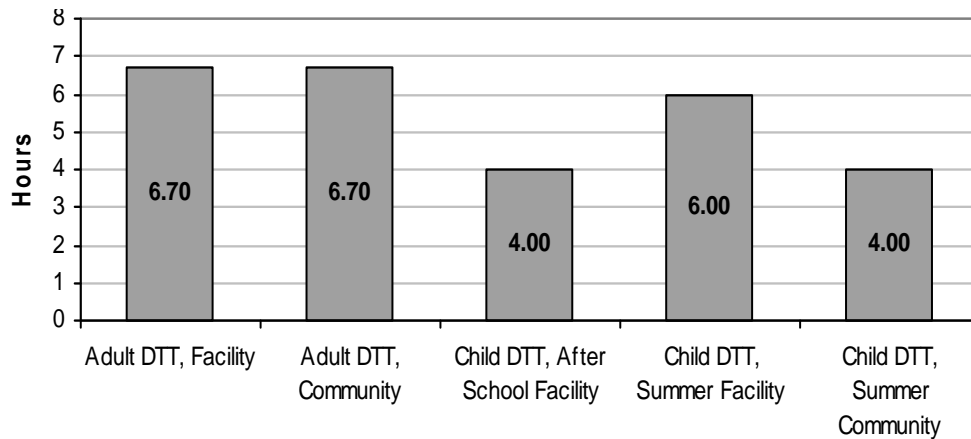
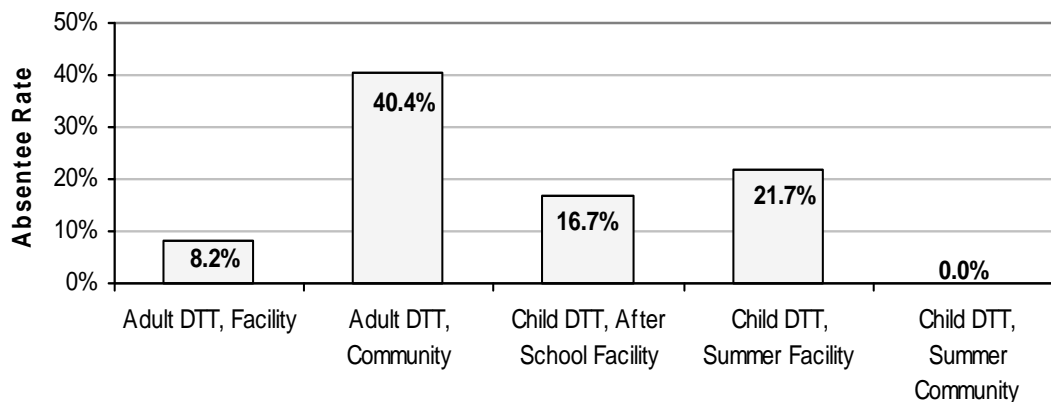


FIGURE 8 below shows the absence factor for day treatment and training programs, as calculated by dividing the average participating group size by the average scheduled group size. There is much variation between program types and within program types. While the average absentee rate for facility based adult day treatment programs is 8.2%, providers reported rates that ranged from zero to 74%. Community based adult day treatment programs have the highest average absence factor, with a rate of 40%. This high absentee rate is driven by a large provider with a 50% absence factor. Smaller community based adult day treatment programs report having equal scheduled and participating group sizes. See page 78 of APPENDIX C for complete data.

Figure 8
Absence Factor, DTT



Dividing the reported average participating group size by the average number of staff present, we calculate a client-to-staff ratio. On average, child day treatment and training programs have three clients for every staff member present. This ratio is consistent over all program types for children: after-school programs and summer programs, facility based programs and community based programs. Community based adult day treatment programs have a one-to-one client to staff ratio. This, in part, reflects the high absentee rate of this program type. Computing a client staff ratio using scheduled group size instead of participating group size, the ratio would be about 1.7 for community based adult day programs.

Figure 9
Number of Clients per Staff, DTT

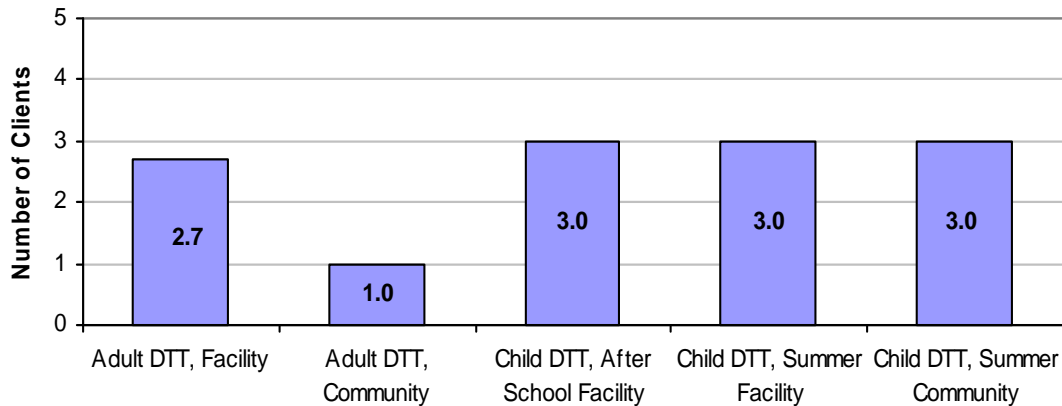


TABLE 12 below shows the average daily hours of day treatment and training staff spent in non-billable activities. Similar to staff in Home & Community Based Services, those in Day Treatment Service receive an average of 0.1 hour of training per shift. Time spent on notes and medical records is generally included in the direct service time of facility based program staff. About 15 minutes of time outside of direct service time of community based program staff is spent on notes and medical records. Facility preparation time (set up and take down) and down time are also included in non-billable hours for day treatment and training staff. Travel time, spread out between all present direct service staff, accounts for 0.25 hours to 1.75 hours of non-billable day treatment activities.

Adding together training time, notes and medical records, facility preparation time, down time and travel time, we find a total of non-billable daily hours for day treatment and training services. Staff in facility based adult day treatment services have an average of 1.7 non-billable hours, while staff in community based adult day treatment services average 2.35 non-billable hours. The average of child day treatment non-billable daily hours is two hours for facility based after-school programs, 0.8 hour for facility based summer programs, and 2.55 hours for community based summer programs. The productivity adjustment factors, found by dividing billable hours by eight hours (total hours available per shift), is also shown in TABLE 12.

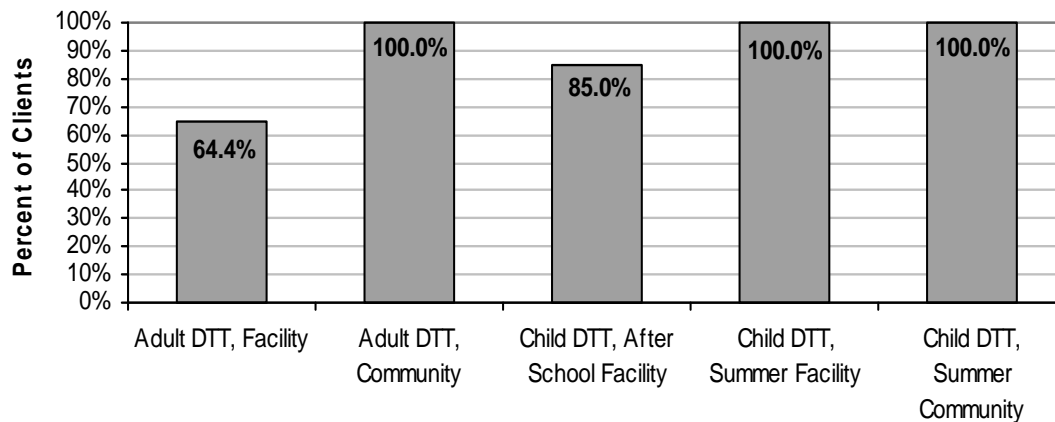
Table 12
Daily Hours Spent in Non-Billable Activities, DTT

Activity	Adult Day Treatment		Child Day Treatment		
	Facility Based	Community Based	After-School Facility Based	Summer Facility Based	Summer, Community Based
Training	0.1	0.1	0.1	0.05	0.05
Notes & Med Records	0.0	0.25	0.0	0.0	0.25
Facility Prep Time	0.5	0.0	1.0	0.25	0.5
Down Time	0.5	0.25	0.5	0.25	0.25
Travel Time	0.6	1.75	0.4	0.25	1.50
<i>Productivity Adjustment</i>	<i>1.27</i>	<i>1.42</i>	<i>1.33</i>	<i>1.12</i>	<i>1.45</i>

When asked to provide the approximate percentage of clients receiving transportation both to and from the program, all community based adult day training providers and summer child day train-

ing providers (both facility based and community based) reported that 100% of clients receive transportation. Facility based adult day training providers had the largest variance in percentage of clients receiving transportation. No clients receive transportation to or from facility based adult day training programs with two providers. However, 100% of clients receive transportation with two different providers.

Figure 10
Percent of Clients Receiving Transportation To/From Program, DTT



Direct service staff in adult day treatment and training programs travel more miles per shift transporting clients to and from programs than do staff in child day treatment programs. On average, 21.5 miles per day are traveled to and from facility based adult day treatment programs, versus 15 miles per day to and from facility based child day treatment summer programs.

Figure 11
Number of Daily Miles Traveled To/From Program, DTT

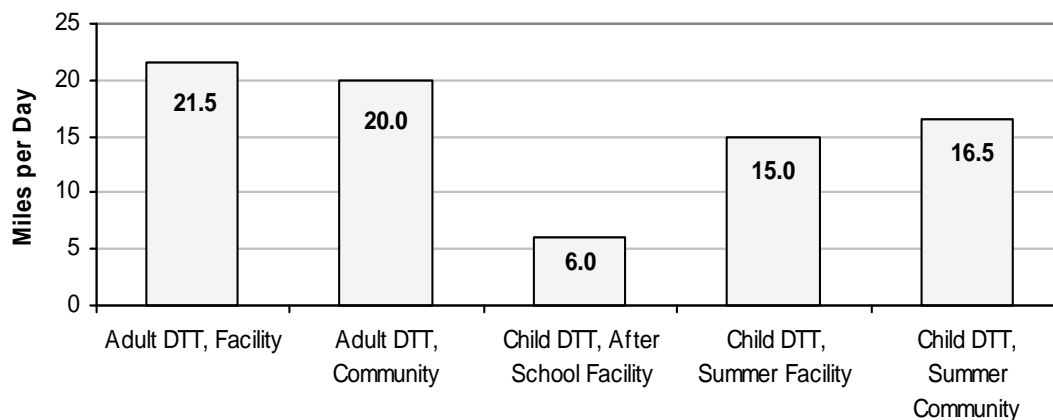
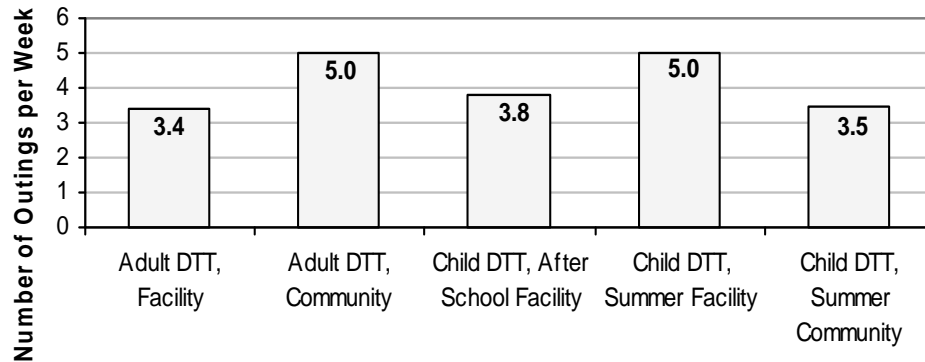


FIGURE 12 below shows the average number of weekly outings per group. Community based adult day treatment programs and summer facility based child day treatment programs average five outings per week or one outing per day. Facility based adult day treatment programs average 3.4 outings per week. Providers of this service offer between one and 10 weekly outings. The number of weekly outings does not appear to correspond with the distance traveled per outing nor to the size of the provider.

Figure 12
Number of Weekly Outings, DTT



Providers of day treatment and training services were also asked to report the average daily supply costs per client, square footage per client, and approximate operating cost per square foot, including rent. Multiplying square footage per client and operating cost per square foot results in operating cost per client. Average daily costs for snacks/meals per client were also calculated for child day treatment and training services. Results from these questions are shown in TABLE 13 below.

Table 13
Supply Costs and Operating Costs per Client, DTT

	Adult Day Treatment		Child Day Treatment		
	Facility Based	Community Based	After-School, Facility Based	Summer, Facility Based	Summer, Community Based
Daily Snack/M meal Costs	NA	NA	\$18.00	\$15.00	\$9.50
Daily Supply Costs	\$2.05	\$2.01	\$3.50	\$3.00	\$1.85
Operating Costs	\$1,994	\$1,947	\$4,882	\$1,938	NR

NA = Not Applicable / Question not asked for this service
NR = No response provided

Additional detail on the productivity amounts summarized above can be found on pages 32 to 37 in APPENDIX A.

Results from the questions regarding an appropriate rate for Day Treatment & Training Services are shown in TABLE 14. Providers suggest that average rates for Adult Day Treatment & Training are about 20 to 25% higher than the current rate. When compared to the SFY 2006 Adult Day Treatment & Training Services rate, there is a greater disparity in the average suggested rate for high staff-to-client ratio facilities than low staff-to-client ratio facilities. The opposite is true of Child Day Treatment & Training Services. In that category, the current and suggested rates are more comparable in low staff-to-client ratio facilities than in high staff-to-client ratio facilities.

Table 14
DTT Rate Feedback

	Adult DTT				Child DTT (After School)				Child DTT (Summer)			
Staff Ratio	1:2.5 to 1:4.5	1:4.51 to 1:6.5	1:6.51 to 1:8.5	1:8.51 to 1:10.5	1:2.5 to 1:4.5	1:4.51 to 1:6.5	1:6.51 to 1:8.5	1:8.51 to 1:10.5	1:2.5 to 1:4.5	1:4.51 to 1:6.5	1:6.51 to 1:8.5	1:8.51 to 1:10.5
SFY06 Rate	\$10.20	\$7.43	\$6.14	\$5.38	\$9.85	\$7.59	\$6.54	\$5.92	\$9.85	\$7.59	\$6.54	\$5.92
Avg. Suggested Rate	\$11.90	\$9.19	\$7.68	\$6.85	\$11.68	\$8.74	\$6.99	\$6.38	\$11.38	\$8.74	\$6.71	\$6.38

Developmental Home Services

Six providers reported providing Developmental Home services. Of those six respondents, five providers provide both Adult Developmental Home services and Child Developmental Home services. One respondent reported to offer only Adult Development Home services. Five of the six responding providers answered questions in the productivity section of Developmental Home services. The numbers in TABLE 15 reflect only providers answering productivity questions in the survey.

The number of respondents is very low in this service area, and results may not be as reliable as those in other services. According to the SFY 2006 utilization data, Child Developmental Home services also had one of the lowest response rates of any service areas. Only 20% of the total units provided in Child Developmental Home services are represented in the survey. Thus, results in this service area are also less representative of all Child Developmental Home service providers than other services. Adult Developmental Home providers are better represented. Survey respondents account for 45% of all units provided in this area. See page 1 of APPENDIX A for a complete list of response rates.

Table 15
Number of Providers Responding to Developmental Home Questions

Adult Developmental Home:	5
Child Developmental Home:	4

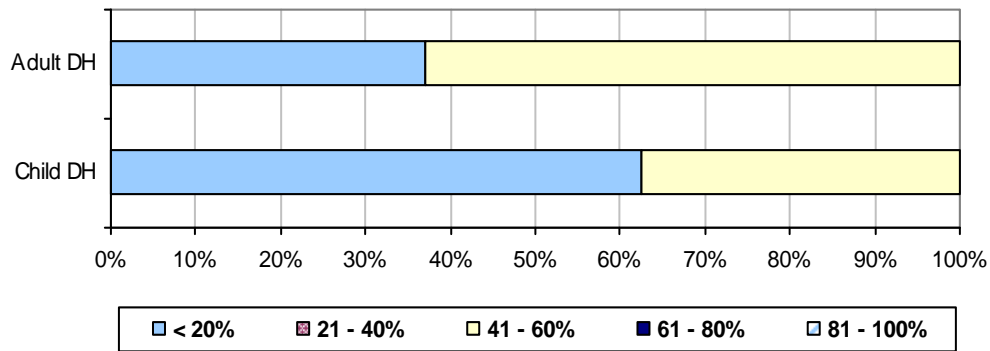
The average wage of direct service staff in Child Developmental Home services was somewhat higher than that of direct service staff in Adult Developmental Home services. An average of \$17.51 per hour was earned by Child Developmental Home staff, versus \$14.75 by Adult Developmental Home staff. Additional depictions of Developmental Home service wages are included on pages 14 and 15 in APPENDIX A.

Table 16
Average Developmental Home Wages

All Developmental Home Categories:	\$15.36
Adult Developmental Home:	\$14.75
Child Developmental Home:	\$17.51

The majority of direct service staff working in Adult Developmental Homes has an estimated annual turnover of 41 to 60%. The annual turnover rate for the majority of staff in Child Developmental home services is less than 20%. Not only is the turnover rate higher, but (as seen above in TABLE 11) wages are lower for most direct service staff in Adult Developmental Home services compared to staff in Child Developmental Home services.

Figure 13
Estimated Annual Turnover for Developmental Home Services



On average, direct service staff in Adult Developmental Home services are supervised 6.26 hours per week. Child Developmental Home staff are supervised an average of 9.65 hours per week.

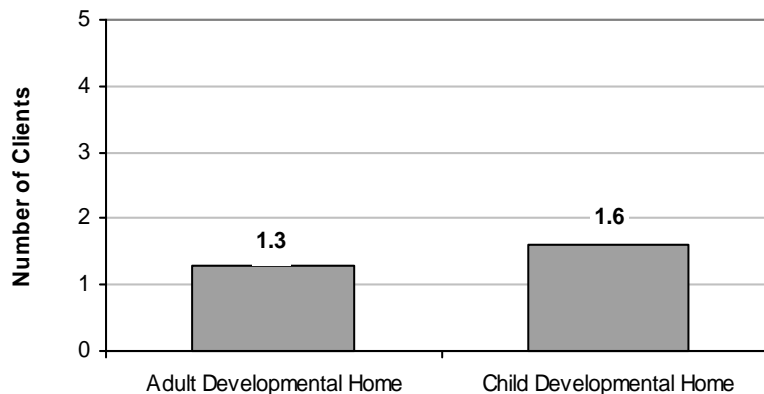
Table 17
Weekly Hours Supervised, Developmental Home Positions

Adult Developmental Home:	6.26
Child Developmental Home:	9.65

Providers were asked to report the typical number of years a family home provides Developmental Home services. On average, a family home provides 4.1 years of service. Both Adult and Child Developmental Homes typically operate between two and five years.

Developmental Homes typically house one to two clients per day. The average number of clients per home, as seen in FIGURE 14, is 1.6 for Child Developmental Homes and 1.3 for Adult Developmental Homes. Each client has his own bedroom. The approximate square footage per bedroom is 138 for children and 142 for adults. Qualified vendors of Developmental Homes have a range of 80 to 160 square feet per bedroom.

Figure 14
Typical Number of Clients per Developmental Home



The average client caseload per staff that supervises/monitors Developmental Homes is 6.6 adults or 7.3 children per year. Some staff members supervise as few as one client, while others supervise as many as 15.

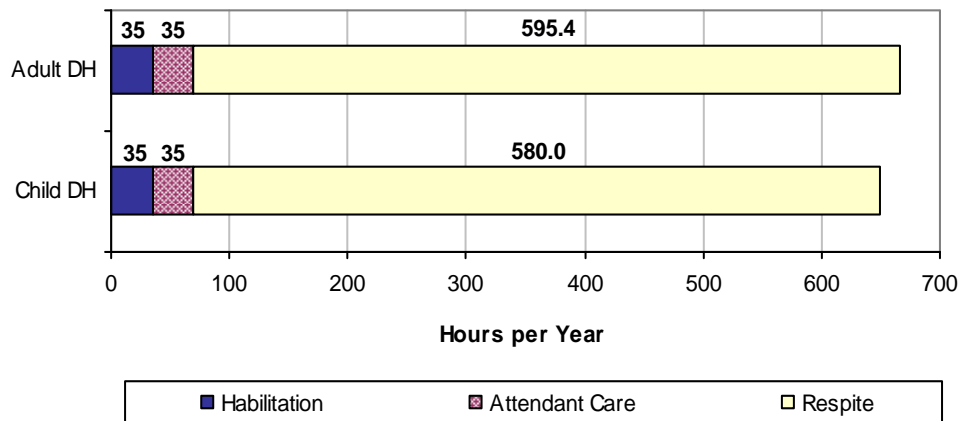
TABLE 18 shows the supervision/monitoring services provided by qualified vendors in Developmental Home services. On average, providers visit a home about 20 times per year. Each visit by the qualified vendor lasts an average of 1.3 or 1.4 hours. Supervision/monitoring services are similar between Adult Developmental Homes and Child Developmental Homes.

Table 18
Supervision of Developmental Homes

	Adult Developmental Home	Child Developmental Home
Number of Visits for Supervision/Monitoring	20.6	20.0
Hours per Supervision/ Monitoring Visit	1.3	1.4
Miles traveled per Supervision/ Monitoring Visit	35.4	40.0

Providers were asked to report the average hours per client per year of Habilitation, Attendant Care, and Respite services. As seen in FIGURE 15 below, qualified vendors of Adult Developmental Homes provide slightly more hours of respite services than do vendors of Child Developmental Homes. On average, vendors of both Adult and Child Developmental Homes provide 35 hours of habilitation and attendant care services annually per client.

Figure 15
Services Provided by Qualified Vendor per Client, Developmental Homes

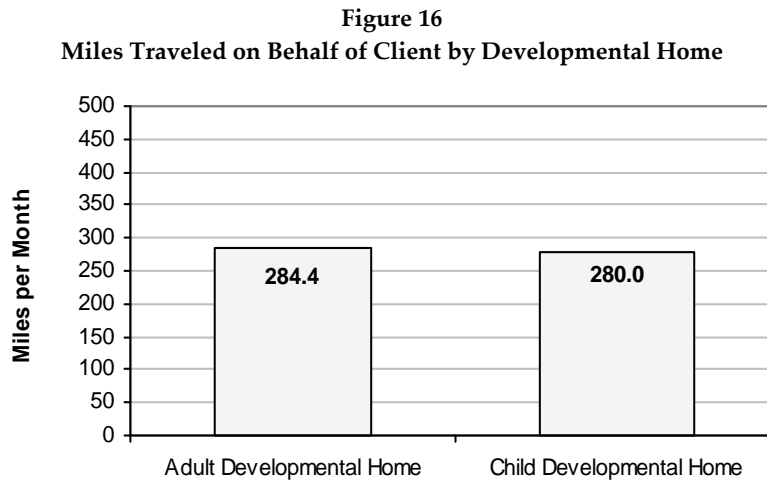


The first year after certification, qualified vendors provide an average of 23.3 hours to Adult Developmental Homes and 27.5 hours to Child Developmental Homes. Less than half that amount of training is provided in years following the initial one. The variance in the amount of training between qualified vendors is greater in the first year than in subsequent years. One vendor reports providing 90 hours of training to Child Developmental Homes during the initial year after certification. Adult and Child Developmental Homes with two clients in the home typically receive more annual training than homes with only one client.

Table 19
Annual Training Provided per Developmental Home

	Adult Developmental Home	Child Developmental Home
Annual Training Hours, Year 1	23.3	27.5
Annual Training Hours, After Year 1	10.9	11.9

When asked about the number of miles traveled on behalf of clients, vendors of Adult Developmental Homes and vendors of Child Developmental Homes gave similar responses. Adult Developmental Homes travel an average of 284.4 miles per month on behalf of clients while Child Developmental Homes travel 280 miles per month.



Providers were asked the approximate monthly average costs for rent (per bedroom) and for food (per client). Food expenses were converted to a daily rate, and annual rent was normalized by the square footage per bedroom. Resulting expenses for room and board are reported in TABLE 20.

Table 20
Room and Board Expenses of Developmental Homes

	Adult Developmental Home	Child Developmental Home
Annual Rent per Square Foot	\$13.83	\$11.59
Daily Cost of Food per Client	\$8.00	\$7.02

Additional detail on the productivity amounts summarized above for Developmental Home services can be found on pages 38 to 41 of APPENDIX A.

The provider survey included a listing of the current rate (SFY 2006) and asked respondents (a) whether they thought the rate was appropriate and (b) to suggest a rate they thought would be most appropriate. The current rate and average suggested rates for Developmental Home services are presented in TABLE 21. Suggested rates are about eight to 13% greater than the current rate.

Table 21
Developmental Home Rate Feedback

	Adult Developmental Home	Child Developmental Home	Room & Board, Developmental Home
SFY06 Rate	\$109.75	\$111.95	\$13.11
Average Suggested Rate	\$118.99	\$124.69	\$14.79

Group Home Services

Of the 25 providers who responded to the survey, 16 (or 64%) reported providing Group Home services. Habilitation, Group Home services had the greatest number of respondents. Only one provider answered productivity questions on Nursing Supported Group Homes.

Table 22
Number of Providers Responding to Group Home Questions

Habilitation, Community Protection & Treatment:	6
Habilitation, Group Home:	13
Habilitation, Nursing Supported Group Home:	1

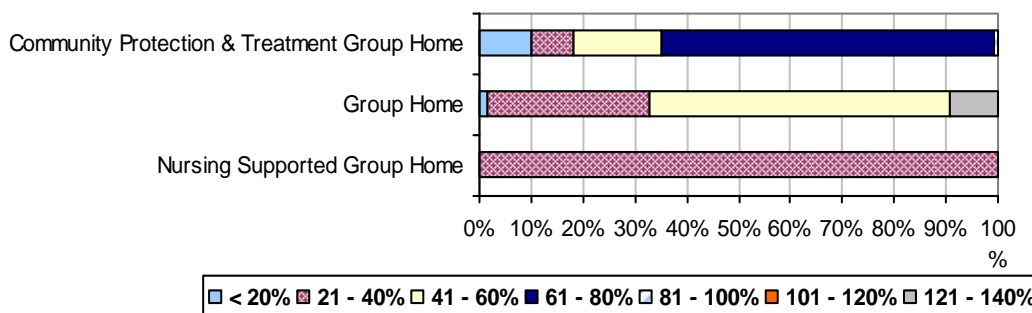
The average wages of Habilitation, Community Protection and Treatment staff and Habilitation, Group Home staff are very similar. All direct staff in Group Home services earned \$9.45 per hour on average. No provider reported a wage for staff in Habilitation, Nursing Supported Group Home services. Additional depictions of Group Home service wages are included on page 16 of APPENDIX A.

Table 23
Average Group Home Wages

All Group Home Job Categories:	\$9.45
Habilitation, Community Protection & Treatment:	\$9.47
Habilitation, Group Home:	\$9.53

Direct service staff in Habilitation, Community Protection & Treatment Group Home services have the highest turnover rate of the three job categories in Group Home. As shown in FIGURE 17 below, the majority of staff in Community Protection & Group Home services have a turnover rate of 61 to 80%. Staff in Nursing Supported Group Home services have a turnover rate of 21 to 40%.

Figure 17
Estimated Annual Turnover for Group Home Services



On average, direct service staff in Nursing Supported Group Homes are supervised 40 hours per week. Only one provider reported having staff in this job category. Habilitation, Community Protection & Treatment staff receive 11.06 hours of supervision on average.

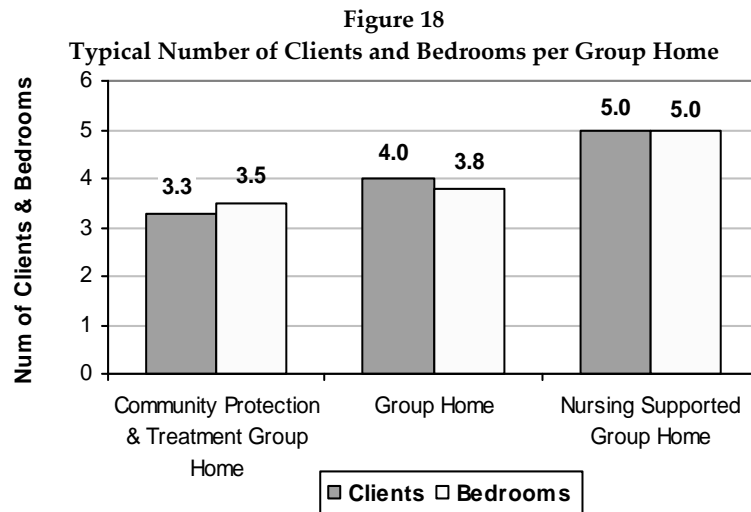
Table 24
Weekly Hours Supervised, Group Home Job Categories

Habilitation, Community Protection & Treatment:	11.06
Habilitation, Group Home:	21.5
Habilitation, Nursing Supported Group Home:	40

Providers were asked to give the typical number of years a Group Home is in service. On average, a Group Home is in service for eight to nine years. The service length reported by Group Home service providers ranged from three to 21 years.

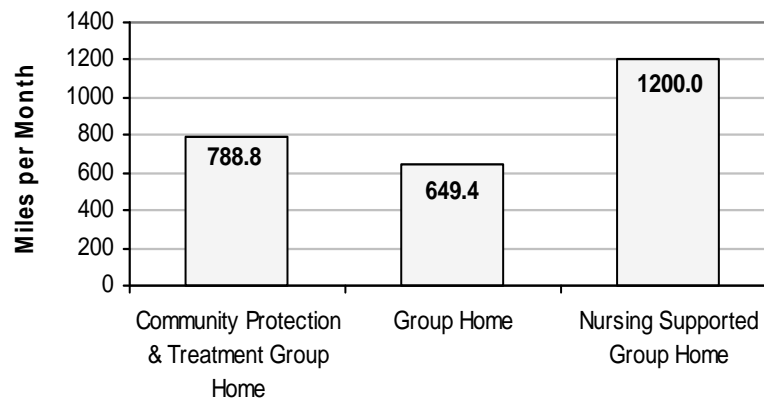
Providers of both Community Protection & Treatment Group Homes and Group Homes reported to have typically two to five clients per home. However, the average number of clients for Community Protection & Treatment Group Homes was 3.3, while the average for Group Homes was four. The one provider reporting on Nursing Supported Group Home services typically had five clients in one home.

FIGURE 18 also shows the average number of bedrooms for clients in a typical Group Home. All providers of Community Protection & Treatment Group Homes reported having at least one bedroom per client. Three out of four Group Home providers have one bedroom per client.



All Group Homes have at least one dedicated vehicle for each home. On average, vehicles in Community Protection & Treatment Group Homes travel 788.8 miles per month on behalf of clients. Habilitation Group Homes reported an average of 649.4 miles traveled per month for clients. Most vehicles utilized by Group Home services can transport between six and eight passengers. However, one provider of Habilitation Group Home services has 12 passenger vehicles.

Figure 19
Miles Traveled on Behalf of Client, Group Home



Non-billable activities relevant to Group Home services are presented in TABLE 25, along with the resulting productivity adjustment. On average, direct service staff in Community Protection & Treatment Group Home services receive the greatest amount of training. On average, they receive about 60 hours per year of training, while staff in Habilitation Group Home services receive 27.5 hours per year. This translates into 0.25 and 0.1 hour per day, respectively.

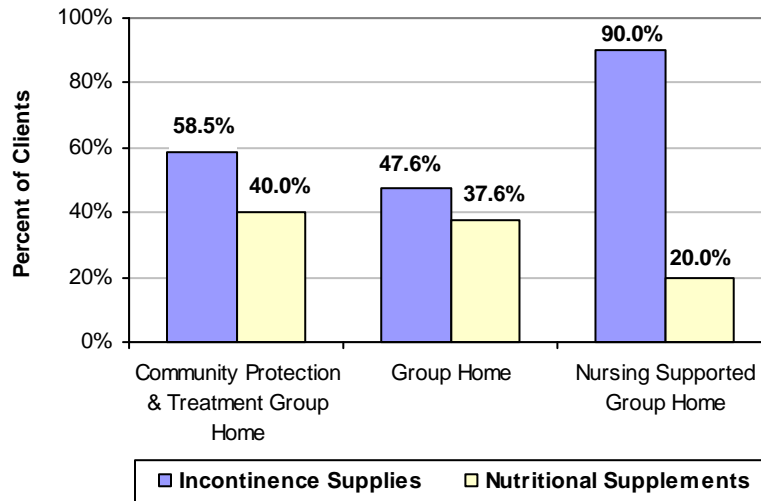
Staff in Group Home services do not typically spend time on notes & medical records outside of direct service time. Those in Community Protection & Treatment Group Homes and Habilitation Group Homes have about 15 minutes of down time per day. Adding together the non-billable activities and comparing them to an eight hour work day, we find consistently low productivity adjustments for all Group Home services.

Table 25
Daily Hours Spent in Non-Billable Activities, Group Home

Activity	Community Protection & Treatment Group Home	Group Home	Nursing Supported Group Home
Training	0.25	0.1	0.15
Notes & Med Records	0.0	0.0	0.0
Down Time	0.25	0.25	0.0
<i>Productivity Adjustment</i>	<i>1.07</i>	<i>1.05</i>	<i>1.02</i>

Providers were asked the typical number of clients, per home, receiving incontinence supplies and nutritional supplements. The percent of clients receiving these products is shown in FIGURE 20. Clients in Habilitation, Group Homes are less likely than clients in other facilities to receive incontinence supplies. The cost per client per day of incontinence supplies is generally reported to be between three and four dollars. Nutritional supplements have a greater range in cost. On average, providers of Community Protection & Treatment Group Home services report spending \$3.39 per client per day on nutritional supplements, and Habilitation Group Home service providers report an average of \$6.84.

Figure 20
Percent of Clients Receiving Incontinence Supplies and Nutritional Supplements, Group Home



Respondents were asked to provide Group Home room and board expenses by location (Phoenix metro, Tucson area, Flagstaff area, rural/other area) and by size (one- to six-bedroom home). TABLE 26 shows the average expenses reported for food, rent, utilities, telephone and maintenance. Reported food costs are per client and, thus, do not vary by Group Home size. Rent, utilities, telephone and maintenance expenses are per home, and most vary by number of bedrooms in the home.

The blended rate reported in the last few rows of TABLE 26 incorporate all room and board expenses: food, rent, utilities, phone, and maintenance into one cost per Group Home size. This blended rate that combines all expenses is used in determining rates.

Table 26
Room & Board Expenses, Group Home

	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms
Average Food Costs						
Phoenix Metro	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47
Tucson Area	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17
Flagstaff Area	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Rural/Other Area	\$241.42	\$241.42	\$241.42	\$241.42	\$241.42	\$241.42
Statewide Average	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24
Average Rent Costs						
Phoenix Metro	\$698.41	\$808.96	\$1,221.98	\$1,345.91	\$1,522.74	\$1,732.92
Tucson Area	\$573.63	\$705.85	\$1,160.16	\$1,358.79	\$1,650.00	\$2,905.00
Flagstaff Area	N/A	N/A	\$1,400.00	\$1,100.00	N/A	N/A
Rural/Other Area	\$500.00	\$634.57	\$1,130.86	\$1,280.86	\$1,156.29	\$1,900.00
Statewide Average	\$610.82	\$764.91	\$1,203.40	\$1,324.45	\$1,486.68	\$1,792.85
Average Utility Costs						
Phoenix Metro	\$124.69	\$290.56	\$373.50	\$444.16	\$469.49	\$356.17
Tucson Area	\$122.30	\$226.40	\$333.56	\$428.40	\$532.45	\$280.00
Flagstaff Area	N/A	N/A	\$350.00	\$400.00	N/A	N/A

	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	6 Bedrooms
Rural/Other Area	\$150.00	\$244.83	\$319.94	\$316.48	\$484.37	\$555.00
Statewide Average	\$120.86	\$233.24	\$347.81	\$425.63	\$501.33	\$404.41

Average Telephone Costs

Phoenix Metro	\$52.19	\$86.57	\$82.92	\$87.12	\$186.86	\$43.17
Tucson Area	\$40.00	\$67.25	\$76.34	\$79.49	\$96.90	\$240.00
Flagstaff Area	N/A	N/A	\$40.00	\$40.00	N/A	N/A
Rural/Other Area	\$40.00	\$28.23	\$104.47	\$28.25	\$54.11	\$250.00
Statewide Average	\$47.20	\$66.45	\$88.09	\$87.29	\$120.46	\$136.54

Average Maintenance Costs

Phoenix Metro	\$24.13	\$139.07	\$253.22	\$267.22	\$166.22	\$517.25
Tucson Area	\$24.20	\$123.12	\$182.88	\$260.47	\$351.63	\$160.00
Flagstaff Area	N/A	N/A	\$200.00	\$250.00	N/A	N/A
Rural/Other Area	\$60.00	\$67.49	\$197.21	\$334.67	\$560.93	\$788.00
Statewide Average	\$34.70	\$124.86	\$203.80	\$278.40	\$327.23	\$543.29

Blended Rate

Phoenix Metro	\$39.60	\$29.67	\$29.81	\$26.80	\$25.40	\$24.90
Tucson Area	\$35.23	\$27.87	\$29.09	\$26.92	\$26.29	\$24.90
Flagstaff Area	\$36.53	\$28.90	\$29.60	\$26.62	\$25.15	\$24.90
Rural/Other Area	\$32.65	\$26.62	\$28.75	\$26.23	\$22.84	\$24.90

Additional detail on the productivity amounts summarized above for Group Home services can be found on pages 42 to 47 of APPENDIX A.

TABLE 27 shows the SFY 2006 rate and results of survey questions on the appropriateness of the current rate for Group Home services. Suggested rates of hourly staff wages for both Habilitation, Community Protection & Treatment Group Homes and Habilitation, Group Homes are about 13% greater than the current rate.

Table 27
Group Home Rate Feedback

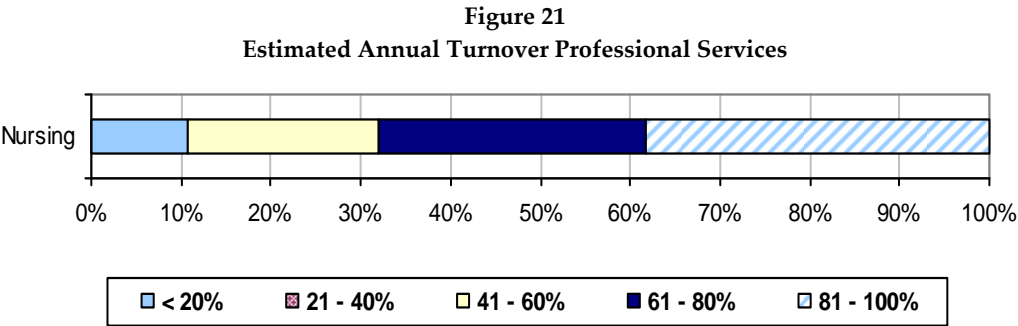
	Community Protection & Treatment Group Home (Staff Hour)	Group Home (Staff Hour)	Nursing Supported Group Home		
			Level I	Level II	Level III
SFY06 Rate	\$20.90	\$18.79	\$340.00	\$408.31	\$466.23
Average Suggested Rate	\$23.57	\$21.17	\$405.00	\$460.00	\$515.00

Professional Services

Home Health Aide and Nursing services are considered in the Professional Services section of the provider survey. Only one provider responded to productivity questions in Nursing services and no providers reported providing Home Health Aide services. In SFY 2006, a total of 16 providers in Arizona provided Nursing services. Survey respondents account for 17.2% of all Nursing service units provided.

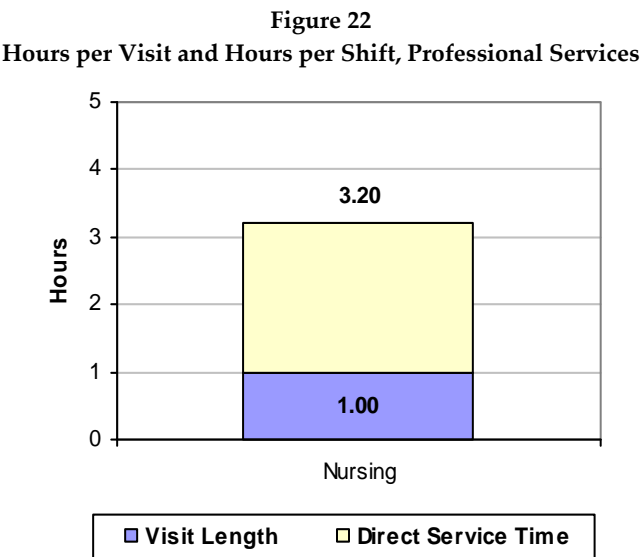
Two providers reported having direct service staff who work in nursing services, but no provider reported having staff in home health aide services. The average wage for Nursing services is \$20.84. Reported wages range from \$12.73 for Certified Nursing Assistants to \$30 for Registered Nurses. Depictions of wages for Nursing services are included on page 17 of APPENDIX A.

The majority of staff in Nursing services have a turnover rate of less than 80%. In fact, only Certified Nursing Assistants have a turnover rate greater than 80%. Registered Nurses have the lowest turnover of any Nursing job category.



No data was provided for weekly hours of supervision in Nursing or Home Health Aide services.

FIGURE 22 shows the hours, on average, for one visit and for all visits during a shift. The one provider that reported on Nursing services had an average visit length of one hour. Direct service staff in Nursing services reportedly had 3.2 visits per shift, or spent 3.2 hours per shift in Nursing services.



As reported by one Professional Services provider, Nursing Services staff had 11 hours of training per year, or an average of less than one hour per month. Notes and medical records are reported not to be included in direct service time and account for 15 minutes of non-billable daily activity. Another 15 minutes per day is spent traveling to, between and from clients. No time is typically spent for missed appointments or down time.

In total, direct service staff in Nursing services spend just over a half-hour in each eight-hour work day in non-billable activities. This results in a productivity adjustment of 1.07 to account for non-billable hours in wages.

Table 28
Daily Hours Spent in Non-Billable Activities, Professional Services

Activity	Nursing
Training:	0.05
Notes & Med Records:	0.25
Down Time:	0.00
Travel Time:	0.25
Missed Appointments:	0.00
<i>Productivity Adjustment:</i>	<i>1.07</i>

The number of miles traveled to, between and from clients in a day was reported to be 100 miles for Nursing Services. Average supervision received by direct service staff in Nursing Services (as reported in the productivity section of the survey) accounted for one hour per week.

Additional detail on the productivity amounts summarized above for Nursing can be found on pages 48 to 49 of APPENDIX A.

Although no providers reported on wage or productivity questions of Home Health Aides, one provider did offer a suggested rate in this service area. The suggested rate is 62.9% higher than the current rate. This is the largest discrepancy between the current rate and the average suggested rate of any service. The suggested rate for Nursing (given by the same provider) is 11.9% higher than the current rate.

Table 29
Professional Services Rate Feedback

	Nursing	Home Health Aide
SFY06 Rate	\$39.31	\$18.42
Average Suggested Rate	\$44.00	\$30.00

CONCLUSION

Because they reflect the responses of only about 40% of Arizona providers of developmental disability services, the findings presented in this report should be used as a general guide in rate decision making, and the CWG should consider them along with other sources of information in determining new rates.

For more detailed results, please see Appendix A, which summarizes survey responses. Technical documentation describing calculations and selected findings follows in APPENDIX B. APPENDIX C contains a complete listing of responses provided. For additional reference, the survey instrument is found in APPENDIX D, with the instructions provided to respondents in APPENDIX E.

Division of Developmental Disabilities
SFY08 Rate Rebasing Project

Appendix A
Summary of Provider Survey Results
Tabular Presentation

December 6, 2007

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Utilization of DD Services - Survey Respondents

Utilization Totals, SFY06	All Providers			Providers Submitting Surveys			Pct Submitting		
	No.	Units	Payments	No.	Units	Payments	No.	Units	Payments
All Services	221	16,714,240	\$ 420,340,551	25	6,888,658	\$ 182,870,309	11.3%	41.2%	43.5%
Attendant Care	92	2,059,181	\$ 29,735,345	14	1,110,388	\$ 16,033,515	15.2%	53.9%	53.9%
Habilitation, Comm. Prot. Hourly	5	11,549	\$ 226,359	1	2,797	\$ 55,036	20.0%	24.2%	24.3%
Habilitation, Support	106	1,908,515	\$ 35,310,534	14	747,791	\$ 13,797,503	13.2%	39.2%	39.1%
Housekeeping	23	10,668	\$ 144,318	6	5,300	\$ 71,584	26.1%	49.7%	49.6%
Respite	121	2,349,793	\$ 33,114,940	15	1,028,961	\$ 14,585,717	12.4%	43.8%	44.0%
Habilitation, Indep. Living	44	503,952	\$ 22,745,043	13	341,361	\$ 17,307,392	29.5%	67.7%	76.1%
Day Treatment, Adult	101	5,039,063	\$ 53,837,753	19	1,840,262	\$ 19,656,401	18.8%	36.5%	36.5%
Day Treatment, Child	58	329,888	\$ 3,591,185	10	49,549	\$ 542,318	17.2%	15.0%	15.1%
Development Home, Child	19	65,458	\$ 7,317,666	6	12,765	\$ 1,428,846	31.6%	19.5%	19.5%
Development Home, Adult	19	78,142	\$ 8,610,895	7	35,459	\$ 3,902,147	36.8%	45.4%	45.3%
Development Home, Room/Board	15	25,439	\$ 345,257	4	6,876	\$ 107,964	26.7%	27.0%	31.3%
Habilitation, Comm. Prot. Group Home	12	15,371	\$ 5,429,818	3	4,146	\$ 1,318,934	25.0%	27.0%	24.3%
Habilitation, Group Home	71	786,950	\$ 146,482,901	16	380,920	\$ 69,893,468	22.5%	48.4%	47.7%
Habilitation, Nursing Supported Group Home	5	13,905	\$ 5,245,489	1	6,179	\$ 2,057,487	20.0%	44.4%	39.2%
Room/Board All Group Homes	76	890,066	\$ 17,618,563	18	433,400	\$ 8,465,800	23.7%	48.7%	48.1%
Nursing	16	468,942	\$ 16,145,715	2	80,476	\$ 2,577,054	12.5%	17.2%	16.0%
Home Health Aide	1	708	\$ 12,213	1	708	\$ 12,213	100.0%	100.0%	100.0%
Transportation	87	605,595	\$ 5,632,360	18	176,199	\$ 1,634,050	20.7%	29.1%	29.0%
Transportation (Employment)	22	43,784	\$ 438,527	7	14,430	\$ 146,884	31.8%	33.0%	33.5%
Other	103	1,507,272	\$ 28,355,669	19	610,692	\$ 9,275,998	18.4%	40.5%	32.7%

Utilization Totals, SFY06	All Providers			Providers Submitting Surveys			Pct Submitting		
	No.	Units	Payments	No.	Units	Payments	No.	Units	Payments
Total All Services	221	16,714,240	\$ 420,340,551	25	6,888,658	\$ 182,870,309	11.3%	41.2%	43.5%
Total All Services, Top 10 Providers	10	5,379,626	\$ 172,129,759	7	4,314,235	\$ 118,843,189	70.0%	80.2%	69.0%
Total All Services, Top 25 Providers	25	9,207,733	\$ 266,407,750	13	5,992,174	\$ 159,812,514	52.0%	65.1%	60.0%

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Administrative & Indirect Expenses

	Current Model	990 Data	Survey Response ¹	Proposal
Percent, Administrative Expenses	10.0%	11.1%	12.2%	
Percent, Indirect Expenses	0.0%	0.0%	9.4%	
Percent, Admin & Indirect Expenses ²	10.0%	11.1%	21.6%	

¹ Survey Response is figures calculated as the Weighted Average (Expense to Total Revenue) for all providers reporting total administrative and indirect costs at ">0" and "≤50%" of total reported revenue.

² Percent, Admin & Indirect Expenses for Survey Response is the calculated sum of the Percent, Administrative Expenses and Percent, Indirect Expenses.

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Summary of Administrative & Indirect Costs Reported

	Average of Provider's Percent of Revenue								Weighted Average: Total Expenses to Total Revenue							
	All Providers		Providers Reporting >0 Expenses		Providers Reporting >0 and ≤ 50% Expenses		Providers Reporting >0 and ≤ 25% Expenses		All Providers		Providers Reporting >0 Expenses		Providers Reporting >0 and ≤ 50% Expenses		Providers Reporting >0 and ≤ 25% Expenses	
	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Percent, Administrative Expenses	17.22%	13.78%	13.75%	12.83%	13.80%	12.74%	12.45%	11.76%	14.23%	12.05%	12.02%	11.59%	12.68%	12.20%	12.12%	11.87%
Percent, Indirect Expenses	18.91%	9.95%	20.56%	10.95%	10.95%	9.00%	9.28%	9.28%	18.73%	9.36%	19.44%	9.76%	9.76%	9.42%	9.54%	9.54%
Percent, Hiring (of Revenue)	1.82%	1.65%	1.94%	1.76%	1.88%	1.66%	1.60%	1.60%	1.48%	1.44%	1.52%	1.47%	1.42%	1.37%	1.35%	1.35%
Percent, Admin & Indirect Expenses	36.14%	24.26%	31.45%	24.75%	24.75%	23.50%	21.73%	21.73%	32.97%	22.33%	31.45%	22.43%	22.43%	22.14%	21.66%	21.66%
Percent, Hiring (of Indirect)	16.58%	14.97%	18.02%	16.33%	20.28%	18.45%	19.70%	17.49%	7.92%	7.65%	7.80%	7.53%	14.58%	14.06%	14.20%	13.63%

	Average Percent, Weighted by Direct Service FTEs								Average Percent, Weighted by Revenue							
	All Providers		Providers Reporting >0 Expenses		Providers Reporting >0 and ≤ 50% Expenses		Providers Reporting >0 and ≤ 25% Expenses		All Providers		Providers Reporting >0 Expenses		Providers Reporting >0 and ≤ 50% Expenses		Providers Reporting >0 and ≤ 25% Expenses	
	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Percent, Administrative Expenses	12.59%	12.09%	12.20%	11.76%	13.32%	12.87%	13.23%	12.90%	12.29%	11.67%	11.92%	11.33%	12.47%	11.90%	12.10%	11.79%
Percent, Indirect Expenses	23.78%	11.14%	23.89%	11.20%	9.71%	9.52%	9.55%	9.55%	18.49%	9.89%	18.58%	9.93%	9.93%	9.53%	9.59%	9.59%
Percent, Hiring (of Revenue)	1.38%	1.36%	1.38%	1.37%	1.24%	1.23%	1.22%	1.22%	1.53%	1.45%	1.53%	1.46%	1.45%	1.39%	1.37%	1.37%
Percent, Admin & Indirect Expenses	36.37%	23.03%	36.08%	23.03%	23.03%	23.27%	22.78%	23.27%	30.78%	22.40%	30.49%	22.41%	22.41%	21.69%	21.69%	22.33%
Percent, Hiring (of Indirect)	11.99%	10.03%	12.05%	10.08%	14.07%	11.97%	13.96%	11.82%	14.40%	12.63%	14.46%	12.69%	15.87%	13.96%	15.54%	13.53%

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Benefits

Benefit	Current Model		State Data	Survey Response ¹	Proposal
	Without Inflation	With Inflation			
PTO (days per year)	25		32.2 *	21.67	
Annual Leave	10		11.1 *		
Sick Leave	6		11.1 *		
Holidays	9		10 *		
EIB (days per year)	0		N/A	10.02	
Retirement Plan	\$0		8.60% **	0.00%	
401k / 403b Plan	\$0		N/A	3.37%	
Health Insurance	\$170	\$182	\$738.80	\$287.99	
Dental	\$0		\$19.43	\$13.39	
Vision	\$0		\$0.00	\$2.06	
Long Term Disability	\$0		0.50%	\$38.59	
Short Term Disability	\$0		N/A	\$15.14	
Employee Asst Prog	\$0		N/A	\$0.93	
Other	\$0		N/A	\$14.98	
FUTA/SUTA ¹	2.80%	2.80%	0.2% of Payroll	0.53%	
FICA ²	7.65%	7.65%	7.65%	7.65%	
Workers Compensation			0.26%	1.77%	
ERE	30.0%		39.33% ***		

* For an entry level state employee

** Net of Retirement Plan 9.1% - 0.5% Disability Insurance (not specified between Long Term and Short Term)

*** Amount is Statewide weighted average for the ten largest State of Arizona Agencies

¹ Survey Response are figures calculated as the Weighted Average (by Total Revenue) for all providers.

² Applies only to the first \$7,000 of wages paid

³ Applies only to the first \$97,500 of wages paid

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Summary of Benefits Reported

Benefit	Measurement	Provide Benefit			Unweighted Average		Average, Weighted by Direct Service FTE		Average, Weighted by Revenue		Average, Weighted by Enrollment	
		Number of Providers	Percent of Providers	Waiting Period ¹	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
PTO	Days per Year	24	96.0%	90 Days	20.76	20.76	18.88	17.82	21.67	21.67		
EIB	Days per Year	9	36.0%	180 Days	19.11	19.11	15.12	9.92	16.72	10.02		
Retirement Plan	Employer Contribution	1	4.0%	2 Years	8.75%	8.75%						
	Participation				100.00%	100.00%						
401k / 403b Plan	Employer Contribution	14	72.0%	1 Year	6.58%	3.24%	5.09%	3.35%	5.43%	3.37%		
	Participation				32.38%	32.38%	37.13%	37.13%	35.54%	35.54%		
Health Insurance	Employer Contribution	23	92.0%	90 Days	\$292.41	\$273.62	\$274.55	\$299.33	\$278.88	\$287.99	\$282.88	\$279.44
Dental	Employer Contribution	12	48.0%	90 Days	\$19.76	\$15.92	\$13.75	\$13.64	\$14.49	\$13.39	\$14.89	\$14.48
Vision	Employer Contribution	4	16.0%	60 Days	\$10.37	\$10.37	\$2.00	\$1.62	\$3.39	\$2.06	\$2.74	\$2.03
Long Term Disability	Employer Contribution	5	20.0%	90 Days	\$67.21	\$67.21	\$36.89	\$28.25	\$49.98	\$38.59	\$56.33	\$50.87
Short Term Disability	Employer Contribution	5	20.0%	90 Days	\$52.13	\$52.13	\$27.23	\$13.36	\$36.32	\$15.14	\$60.42	\$60.42
Employee Asst Prog	Employer Contribution	4	16.0%	90 Days	\$1.42	\$1.42	\$0.94	\$0.87	\$1.04	\$0.93	\$1.63	\$1.63
Other	Employer Contribution	12	48.0%	90 Days	\$48.92	\$21.57	\$14.05	\$10.17	\$22.49	\$14.98	\$24.74	\$21.98
FUTA/SUTA	Rate				2.23%	1.32%	0.99%	0.79%	0.95%	0.53%		
Workers Compensation	Rate				2.23%	1.94%	1.70%	1.99%	1.82%	1.77%		

¹ Waiting Period corresponds with at least 50% cumulative responses.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Summary of Estimated Employee Related Expenses (ERE) & Percentage of Wages
State of Arizona Benefits

Employee Related Expense (ERE) Assumptions - Based on State ERE Data

Hourly Rate Annual Wage ¹	\$9.00		\$11.00		\$12.00		\$13.00		\$14.00		\$16.00		\$17.00		
	\$18,720		\$22,880		\$24,960		\$27,040		\$29,120		\$33,280		\$35,360		
FUTA / SUTA ²	0.20%	\$37	0.20%	\$46	0.20%	\$50	0.20%	\$54	0.20%	\$58	0.20%	\$67	0.20%	\$71	0.20%
FICA ³	7.65%	\$1,432	7.65%	\$1,750	7.65%	\$1,909	7.65%	\$2,069	7.65%	\$2,228	7.65%	\$2,546	7.65%	\$2,705	7.65%
Workers' Compensation	0.26%	\$49	0.26%	\$59	0.26%	\$65	0.26%	\$70	0.26%	\$76	0.26%	\$87	0.26%	\$92	0.26%
Legally required benefits	8.11%	\$1,518	8.11%	\$1,856	8.11%	\$2,024	8.11%	\$2,193	8.11%	\$2,362	8.11%	\$2,699	8.11%	\$2,868	8.11%
Paid Time Off ⁴	32.1 days/yr	\$2,311	12.35%	\$2,825	12.35%	\$3,082	12.35%	\$3,338	12.35%	\$3,595	12.35%	\$4,109	12.35%	\$4,366	12.35%
Extended Illness Benefit	0 days/yr	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Benefits															
Retirement Plan	8.60%	\$1,610	8.60%	\$1,968	8.60%	\$2,147	8.60%	\$2,325	8.60%	\$2,504	8.60%	\$2,862	8.60%	\$3,041	8.60%
Health Insurance	\$738.80	\$8,866	47.36%	\$8,866	38.75%	\$8,866	35.52%	\$8,866	32.79%	\$8,866	30.45%	\$8,866	26.64%	\$8,866	25.07%
Dental Insurance	\$19.43	\$233	1.25%	\$233	1.02%	\$233	0.93%	\$233	0.86%	\$233	0.80%	\$233	0.70%	\$233	0.66%
Vision Insurance	\$0.00	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Benefits	0.50%	\$94	0.50%	\$114	0.50%	\$125	0.50%	\$135	0.50%	\$146	0.50%	\$166	0.50%	\$177	0.50%
Total ERE per employee		\$14,632	78.16%	\$15,861	69.32%	\$16,476	66.01%	\$17,091	63.21%	\$17,706	60.80%	\$18,935	56.90%	\$19,550	55.29%

¹ Assumes 2,080 hours/year

² FUTA/SUTA value is based upon total payroll expense.

³ Combined Social Security tax rate of 6.2% and the Medicare tax rate of 1.45% on a maximum of \$97,500 in wages.

⁴ Assumes 10 holidays, 11.1 vacation days & 11.1 sick days days per year.

Arizona Division of Developmental Disabilities
Summary of Estimated Employee Related Expenses (ERE) & Percentage of Wages
Provider Survey Results

Employee Related Expense (ERE) Assumptions - Based on Provider Survey Results

Hourly Rate Annual Wage ¹	\$9.00		\$11.00		\$12.00		\$13.00		\$14.00		\$16.00		\$17.00		
	\$18,720		\$22,880		\$24,960		\$27,040		\$29,120		\$33,280		\$35,360		
FUTA / SUTA ²	0.53%	\$37	0.20%	\$37	0.16%	\$37	0.15%	\$37	0.14%	\$37	0.13%	\$37	0.11%	\$37	0.10%
FICA ³	7.65%	\$1,432	7.65%	\$1,750	7.65%	\$1,909	7.65%	\$2,069	7.65%	\$2,228	7.65%	\$2,546	7.65%	\$2,705	7.65%
Workers' Compensation	1.77%	\$331	1.77%	\$405	1.77%	\$442	1.77%	\$479	1.77%	\$515	1.77%	\$589	1.77%	\$626	1.77%
Legally required benefits	9.95%	\$1,801	9.62%	\$2,192	9.58%	\$2,388	9.57%	\$2,584	9.56%	\$2,780	9.55%	\$3,172	9.53%	\$3,368	9.52%
Paid Time Off ⁴	22 days/yr	\$1,584	8.46%	\$1,936	8.46%	\$2,112	8.46%	\$2,288	8.46%	\$2,464	8.46%	\$2,816	8.46%	\$2,992	8.46%
Extended Illness Benefit ⁵	0 days/yr	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Benefits															
Retirement Plan ⁶	3.37%	\$631	3.37%	\$771	3.37%	\$841	3.37%	\$911	3.37%	\$981	3.37%	\$1,122	3.37%	\$1,192	3.37%
Health Insurance	\$287.99	\$3,456	18.46%	\$3,456	15.10%	\$3,456	13.85%	\$3,456	12.78%	\$3,456	11.87%	\$3,456	10.38%	\$3,456	9.77%
Dental Insurance	\$13.39	\$161	0.86%	\$161	0.70%	\$161	0.64%	\$161	0.59%	\$161	0.55%	\$161	0.48%	\$161	0.45%
Vision Insurance	\$2.06	\$25	0.13%	\$25	0.11%	\$25	0.10%	\$25	0.09%	\$25	0.08%	\$25	0.07%	\$25	0.07%
Other Benefits	\$14.98	\$180	0.96%	\$180	0.79%	\$180	0.72%	\$180	0.66%	\$180	0.62%	\$180	0.54%	\$180	0.51%
Total ERE per employee		\$7,836	41.86%	\$8,720	38.11%	\$9,163	36.71%	\$9,605	35.52%	\$10,047	34.50%	\$10,931	32.84%	\$11,373	32.16%

¹ Assumes 2,080 hours/year

² FUTA/SUTA values combined to reflect single amount.

³ Combined Social Security tax rate of 6.2% and the Medicare tax rate of 1.45% on a maximum of \$97,500 in wages.

⁴ Assumes 10 holidays, 5 vacation days, 5 sick days & 2 personal days per year.

⁵ Assumes zero days due to low participation rate for providers.

⁶ Assumes employer provides contribution to either 401(k), 403(b) or privately funded

ERE with 20% Turnover Assumptions

Annual Wage without Turnover	\$18,720		\$22,880		\$24,960		\$27,040		\$29,120		\$33,280		\$35,360	
ERE without Turnover	\$7,836	41.86%	\$8,720	38.11%	\$9,163	36.71%	\$9,605	35.52%	\$10,047	34.50%	\$10,931	32.84%	\$11,373	32.16%
% Turnover	20.0%		20.0%		20.0%		20.0%		20.0%		20.0%		20.0%	
Total ERE	\$6,629		\$7,415		\$7,808		\$8,200		\$8,593		\$9,379		\$9,772	
Total ERE per employee		35.41%		32.41%		31.28%		30.33%		29.51%		28.18%		27.64%

Arizona Division of Developmental Disabilities
Summary of Estimated Employee Related Expenses (ERE) & Percentage of Wages, CWG Recommendations

Employee Related Expense (ERE) Assumptions - Based on CWG Recommendations (09/28)

Hourly Rate Annual Wage ¹	\$9.00 \$18,720	\$11.00 \$22,880	\$12.00 \$24,960	\$13.00 \$27,040	\$14.00 \$29,120	\$16.00 \$33,280	\$17.00 \$35,360
FUTA / SUTA ²	\$37 0.20%	\$37 0.16%	\$37 0.15%	\$37 0.14%	\$37 0.13%	\$37 0.11%	\$37 0.10%
FICA ³	\$1,432 7.65%	\$1,750 7.65%	\$1,909 7.65%	\$2,069 7.65%	\$2,228 7.65%	\$2,546 7.65%	\$2,705 7.65%
Workers' Compensation	\$331 1.77%	\$405 1.77%	\$442 1.77%	\$479 1.77%	\$515 1.77%	\$589 1.77%	\$626 1.77%
Legally required benefits	\$1,801 9.62%	\$2,192 9.58%	\$2,388 9.57%	\$2,584 9.56%	\$2,780 9.55%	\$3,172 9.53%	\$3,368 9.52%
Paid Time Off ⁴	\$1,800 9.62%	\$2,200 9.62%	\$2,400 9.62%	\$2,600 9.62%	\$2,800 9.62%	\$3,200 9.62%	\$3,400 9.62%
Extended Illness Benefit ⁵	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Other Benefits							
Retirement Plan ⁶	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Health Insurance	\$3,456 18.46%	\$3,456 15.10%	\$3,456 13.85%	\$3,456 12.78%	\$3,456 11.87%	\$3,456 10.38%	\$3,456 9.77%
Dental Insurance	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Vision Insurance	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Other Benefits	\$360 1.92%	\$360 1.57%	\$360 1.44%	\$360 1.33%	\$360 1.24%	\$360 1.08%	\$360 1.02%
Total ERE per employee	\$7,417 39.62%	\$8,208 35.88%	\$8,604 34.47%	\$9,000 33.29%	\$9,396 32.27%	\$10,188 30.61%	\$10,584 29.93%

¹ Assumes 2,080 hours/year

² FUTA/SUTA values combined to reflect single amount.

³ Combined Social Security tax rate of 6.2% and the Medicare tax rate of 1.45% on a maximum of \$97,500 in wages.

⁴ Assumes 10 holidays, 5 vacation days, 5 sick days & 2 personal days per year.

⁵ Assumes zero days due to low participation rate for providers.

⁶ Assumes employer provides contribution to either 401(k), 403(b) or privately funded

ERE with 20% Turnover Assumptions

Annual Wage without Turnover	\$18,720	\$22,880	\$24,960	\$27,040	\$29,120	\$33,280	\$35,360
ERE without Turnover	\$7,417 39.62%	\$8,208 35.88%	\$8,604 34.47%	\$9,000 33.29%	\$9,396 32.27%	\$10,188 30.61%	\$10,584 29.93%
% Turnover	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
Total ERE	\$6,293	\$7,005	\$7,361	\$7,717	\$8,073	\$8,785	\$9,141
Total ERE per employee	33.62%	30.62%	29.49%	28.54%	27.72%	26.40%	25.85%

Arizona Division of Developmental Disabilities
Summary of Estimated Employee Related Expenses (ERE) & Percentage of Wages, CWG Recommendations

Employee Related Expense (ERE) Assumptions - Based on Rounded CWG Recommendations (09/28)

Hourly Rate Annual Wage ¹	\$9.00 \$18,720	\$11.00 \$22,880	\$12.00 \$24,960	\$13.00 \$27,040	\$14.00 \$29,120	\$16.00 \$33,280	\$17.00 \$35,360
FUTA / SUTA ²	\$39 0.21%	\$39 0.17%	\$39 0.15%	\$39 0.14%	\$39 0.13%	\$39 0.12%	\$39 0.11%
FICA ³	\$1,432 7.65%	\$1,750 7.65%	\$1,909 7.65%	\$2,069 7.65%	\$2,228 7.65%	\$2,546 7.65%	\$2,705 7.65%
Workers' Compensation	\$328 1.75%	\$400 1.75%	\$437 1.75%	\$473 1.75%	\$510 1.75%	\$582 1.75%	\$619 1.75%
Legally required benefits	\$1,798 9.61%	\$2,189 9.57%	\$2,385 9.55%	\$2,580 9.54%	\$2,776 9.53%	\$3,167 9.52%	\$3,362 9.51%
Paid Time Off ⁴	\$1,800 9.62%	\$2,200 9.62%	\$2,400 9.62%	\$2,600 9.62%	\$2,800 9.62%	\$3,200 9.62%	\$3,400 9.62%
Extended Illness Benefit ⁵	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Other Benefits							
Retirement Plan ⁶	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Health Insurance	\$3,456 18.46%	\$3,456 15.10%	\$3,456 13.85%	\$3,456 12.78%	\$3,456 11.87%	\$3,456 10.38%	\$3,456 9.77%
Dental Insurance	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Vision Insurance	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%	\$0 0.00%
Other Benefits	\$360 1.92%	\$360 1.57%	\$360 1.44%	\$360 1.33%	\$360 1.24%	\$360 1.08%	\$360 1.02%
Total ERE per employee	\$7,414 39.61%	\$8,205 35.86%	\$8,601 34.46%	\$8,996 33.27%	\$9,392 32.25%	\$10,183 30.60%	\$10,578 29.92%

¹ Assumes 2,080 hours/year

² FUTA/SUTA values combined to reflect single amount.

³ Combined Social Security tax rate of 6.2% and the Medicare tax rate of 1.45% on a maximum of \$97,500 in wages.

⁴ Assumes 10 holidays, 5 vacation days, 5 sick days & 2 personal days per year.

⁵ Assumes zero days due to low participation rate for providers.

⁶ Assumes employer provides contribution to either 401(k), 403(b) or privately funded

ERE with 20% Turnover Assumptions

Annual Wage without Turnover	\$18,720	\$22,880	\$24,960	\$27,040	\$29,120	\$33,280	\$35,360
ERE without Turnover	\$7,414 39.61%	\$8,205 35.86%	\$8,601 34.46%	\$8,996 33.27%	\$9,392 32.25%	\$10,183 30.60%	\$10,578 29.92%
% Turnover	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
Total ERE	\$6,291	\$7,002	\$7,358	\$7,713	\$8,069	\$8,780	\$9,135
Total ERE per employee	33.61%	30.60%	29.48%	28.52%	27.71%	26.38%	25.83%

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 HCBS Wages

	Attendant Care	Habilitation, Community Protection and Treatment Hourly	Habilitation, Support	Housekeeping	Respite, Hourly & Continuous	Habilitation, Individually Designed Living Arrangement
Current Model						
Wage without Inflation	\$9.12	\$12.09	\$10.99	\$8.09	\$9.12	\$12.36
Wage with Inflation	\$9.77	\$12.96	\$11.78	\$8.67	\$9.77	\$13.24
Survey Response ¹						
Service Specific	\$10.37	N/A	\$10.52	\$11.00	\$10.56	\$10.09
Overall Service Group	\$10.45	\$10.45	\$10.45	\$10.45	\$10.45	\$10.45

NA = No Responses Provided

¹ Survey Response are figures calculated as the Weighted Average (by Service FTE) for all providers (Supervisors & Non-Supervisors) including overtime.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Summary of HCBS Wages

Direct Care Wages	All HCBS Job Categories	Attendant Care	Habilitation, Community Protection and Treatment Hourly	Habilitation, Support	Housekeeping	Respite, Hourly & Continuous	Habilitation, Individually Designed Living Arrangement
Wages without Overtime							
All Providers, with outliers	\$10.41	\$10.32	NA	\$10.48	\$11.00	\$10.53	\$9.91
All Providers, no outliers	\$10.38	\$10.30		\$10.47	\$11.00	\$10.51	\$9.68
Non-Supervisors, with outliers	\$10.36	\$10.29		\$10.46	\$11.00	\$10.51	\$9.46
Non-Supervisors, no outliers	\$10.36	\$10.29		\$10.46	\$0.00	\$10.51	\$9.25
Supervisors, with outliers	\$12.82	\$12.85		\$12.86	NA	\$12.95	\$12.75
Supervisors, no outliers	\$12.61	\$12.64		\$12.80	NA	\$12.94	\$12.38
Wages with Overtime							
All Providers, with outliers	\$10.49	\$10.39	NA	\$10.53	\$11.00	\$10.58	\$10.31
All Providers, no outliers	\$10.45	\$10.37		\$10.52	\$11.00	\$10.56	\$10.09
Non-Supervisors, with outliers	\$10.44	\$10.36		\$10.51	\$11.00	\$10.55	\$9.95
Non-Supervisors, no outliers	\$10.44	\$10.36		\$10.51	\$0.00	\$10.55	\$9.78
Supervisors, with outliers	\$12.86	\$12.85		\$12.86	NA	\$12.95	\$12.84
Supervisors, no outliers	\$12.65	\$12.64		\$12.80	NA	\$12.94	\$12.48

NA = No Responses Provided

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Day Treatment & Training Wages

	Adult Day Treatment and Training	Child Day Treatment and Training
Current Model		
Wage without Inflation	\$13.22	\$13.22
Wage with Inflation	\$14.17	\$14.17
Survey Response ¹		
Service Specific	\$9.54	\$9.92
Overall Service Group	\$9.58	\$9.58

NA = No Responses Provided

¹ Survey Response are figures calculated as the Weighted Average (by Service FTE) for all providers (Supervisors & Non-Supervisors) including overtime.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Summary of Day Treatment Wages

Direct Care Wages	All Treatment and Training Job Categories	Adult Day Treatment and Training	Child Day Treatment and Training
Wages without Overtime			
All Providers, with outliers	\$9.59	\$9.52	\$10.05
All Providers, no outliers	\$9.38	\$9.32	\$9.88
Non-Supervisors, with outliers	\$9.23	\$9.18	\$9.66
Non-Supervisors, no outliers	\$9.21	\$9.06	\$9.57
Supervisors, with outliers	\$11.91	\$12.14	\$11.22
Supervisors, no outliers	\$11.61	\$11.81	\$11.04
Wages with Overtime			
All Providers, with outliers	\$9.78	\$9.73	\$10.11
All Providers, no outliers	\$9.58	\$9.54	\$9.92
Non-Supervisors, with outliers	\$9.40	\$9.37	\$9.71
Non-Supervisors, no outliers	\$9.38	\$9.27	\$9.61
Supervisors, with outliers	\$12.15	\$12.41	\$11.31
Supervisors, no outliers	\$11.88	\$12.11	\$11.13

NA = No Responses Provided

Note: Highlited values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Other Services' Wages

	Developmental Home, Child	Developmental Home, Adult	Habilitation, Community Protection & Treatment, Group Home	Habilitation, Group Home	Habilitation, Nursing Supported Group Home	Nursing	Home Health Aide
Current Model							
Wage without Inflation	\$13.97	\$13.97	\$12.09	\$10.99	N/A	\$20.11	\$8.67
Wage with Inflation	\$14.97	\$14.97	\$12.96	\$11.78	N/A	\$21.55	\$9.29
Survey Response ¹							
Service Specific	\$17.51	\$14.75	\$9.47	\$9.53		\$20.84	
Overall Service Group ²	\$15.36	\$15.36	\$9.45	\$9.45	\$9.45	\$20.84	

NA = No Responses Provided

¹ Survey Response are figures calculated as the Weighted Average (by Service FTE) for all providers (Supervisors & Non-Supervisors) including overtime.

² Service Groups include, Developmental Home, Group Home & Professional Services

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Summary of Developmental Home Wages

Direct Care Wages	All Developmental Home Job Categories	Developmental Home, Child	Developmental Home, Adult
Wages without Overtime			
All Providers, with outliers	\$15.36	\$17.51	\$14.75
All Providers, no outliers	\$15.36	\$17.51	\$14.75
Non-Supervisors, with outliers	\$12.84	\$15.78	\$12.25
Non-Supervisors, no outliers	\$12.84	\$15.78	\$12.25
Supervisors, with outliers	\$20.42	\$19.24	\$21.01
Supervisors, no outliers	\$20.42	\$0.00	\$21.01
Wages with Overtime			
All Providers, with outliers	\$15.36	\$17.51	\$14.75
All Providers, no outliers	\$15.36	\$17.51	\$14.75
Non-Supervisors, with outliers	\$12.84	\$15.78	\$12.25
Non-Supervisors, no outliers	\$12.84	\$15.78	\$12.25
Supervisors, with outliers	\$20.42	\$19.24	\$21.01
Supervisors, no outliers	\$20.42	\$0.00	\$21.01

NA = No Responses Provided

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Summary of Group Home Wages

Direct Care Wages	All Group Home Job Categories	Habilitation, Community Protection & Treatment	Habilitation, Group Home	Habilitation, Nursing Supported Group Home
Wages without Overtime				
All Providers, with outliers	\$9.41	\$9.52	\$9.41	N/A
All Providers, no outliers	\$9.13	\$9.18	\$9.16	
Non-Supervisors, with outliers	\$9.13	\$9.24	\$9.12	
Non-Supervisors, no outliers	\$9.07	\$9.18	\$9.07	
Supervisors, with outliers	\$11.99	\$12.41	\$11.97	
Supervisors, no outliers	\$12.06	\$12.40	\$11.73	
Wages with Overtime				
All Providers, with outliers	\$9.75	\$9.76	\$9.75	N/A
All Providers, no outliers	\$9.45	\$9.47	\$9.53	
Non-Supervisors, with outliers	\$9.46	\$9.52	\$9.46	
Non-Supervisors, no outliers	\$9.40	\$9.47	\$9.40	
Supervisors, with outliers	\$12.37	\$12.42	\$12.36	
Supervisors, no outliers	\$12.46	\$12.40	\$12.17	

NA = No Responses Provided

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Summary of Professional Wages

Direct Care Wages	All Professional Job Categories	Nursing	Home Health Aide
Wages without Overtime			
All Providers, with outliers	\$20.08	\$20.08	NA
All Providers, no outliers	\$20.08	\$20.08	
Non-Supervisors, with outliers	\$19.35	\$19.35	
Non-Supervisors, no outliers	\$19.35	\$19.35	
Supervisors, with outliers	\$30.25	\$30.25	
Supervisors, no outliers	\$30.25	\$30.25	
Wages with Overtime			
All Providers, with outliers	\$20.84	\$20.84	NA
All Providers, no outliers	\$20.84	\$20.84	
Non-Supervisors, with outliers	\$20.20	\$20.20	
Non-Supervisors, no outliers	\$20.20	\$20.20	
Supervisors, with outliers	\$30.25	\$30.25	
Supervisors, no outliers	\$30.25	\$30.25	

NA = No Responses Provided

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 HCBS Supervision and Turnover Summary

	Attendant Care		Habitatation, Community Protection and Treatment		Habitatation, Support		Housekeeping		Respite, Hourly & Continuous		Habitatation, Individually Designed Living Arrangement	
	Proposed	Survey ¹	Proposed	Survey ¹	Proposed	Survey ¹	Proposed	Survey ¹	Proposed	Survey ¹	Proposed	Survey ¹
Weekly Hours Supervised		0.62		NA ²		0.71		0.00		0.79		3.56
Annual Hours Paid Training		20.89				19.04		0.00		17.33		39.04
		Cumulative Response Percent		Cumulative Response Percent		Cumulative Response Percent		Cumulative Response Percent		Cumulative Response Percent		Cumulative Response Percent
Estimated Annual Turnover												
		< 20% 10.90				< 20% 9.24		< 20% 0.00		< 20% 5.99		< 20% 22.86
		21 - 40% 25.53				21 - 40% 27.46		21 - 40% 0.00		21 - 40% 20.66		21 - 40% 50.90
		41 - 60% 91.46				41 - 60% 86.98		41 - 60% 100.00		41 - 60% 86.86		41 - 60% 71.56
		61 - 80% 99.98				61 - 80% 99.98		61 - 80% 100.00		61 - 80% 99.97		61 - 80% 100.00
		81 - 100% 100.00				81 - 100% 100.00		81 - 100% 100.00		81 - 100% 100.00		81 - 100% 100.00

¹ Averages from the survey presented for hours supervised and hours paid training are weighted by FTEs in service. Outliers outside two standard deviations are excluded.

² NA = No Responses Provided

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Day Treatment Supervision and Turnover Summary

	Adult Day Treatment and Training		Child Day Treatment and Training	
	Proposed	Survey ¹	Proposed	Survey ¹
Weekly Hours Supervised		23.77		13.97
Annual Hours Paid Training		36.59		24.87
		Cumulative Response Percent		Cumulative Response Percent
Estimated Annual Turnover				
		< 20% 12.18		< 20% 44.23
		21 - 40% 21.10		21 - 40% 44.23
		41 - 60% 37.13		41 - 60% 44.23
		61 - 80% 68.19		61 - 80% 100.00
		81 -100% 82.32		81 -100% 100.00
		101 - 120% 82.32		101 - 120% 100.00
		121 - 140% 100.00		121 - 140% 100.00

¹ Averages from the survey presented for hours supervised and hours paid training are weighted by FTEs in service. Outliers outside two standard deviations are excluded.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Developmental Home Supervision and Turnover Summary

	Developmental Home, Child		Developmental Home, Adult	
	Proposed	Survey ¹	Proposed	Survey ¹
Weekly Hours Supervised		9.65		6.26
Annual Hours Paid Training		88.00		68.29
		Response Cumulative Percent		Response Cumulative Percent
Estimated Annual Turnover				
		< 20% 50.0%		< 20% 28.6%
		21 - 40% 50.0%		21 - 40% 28.6%
		41 - 60% 80.0%		41 - 60% 77.1%
		61 - 80% 80.0%		61 - 80% 77.1%
		81 -100% 80.0%		81 -100% 77.1%
		101 - 120% 80.0%		101 - 120% 77.1%
		121 - 140% 80.0%		121 - 140% 77.1%

¹ Averages from the survey presented for hours supervised and hours paid training are weighted by FTEs in service. Outliers outside two standard deviations are excluded.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Group Home Supervision and Turnover Summary

	Habilitation, Community Protection & Treatment, Group Home		Habilitation, Group Home		Habilitation, Nursing Supported Group Home	
	Proposed	Survey ¹	Proposed	Survey ¹	Proposed	Survey ¹
Weekly Hours Supervised		11.06		21.50		40.00
Annual Hours Paid Training		73.32		40.09		80.00
		Cumulative Response Percent		Cumulative Response Percent		Cumulative Response Percent
Estimated Annual Turnover						
		< 20% 10.2%		< 20% 1.4%		< 20% 0.0%
		21 - 40% 18.2%		21 - 40% 28.5%		21 - 40% 100.0%
		41 - 60% 35.2%		41 - 60% 79.1%		41 - 60% 100.0%
		61 - 80% 99.3%		61 - 80% 79.1%		61 - 80% 100.0%
		81 -100% 100.0%		81 -100% 79.1%		81 -100% 100.0%
		101 - 120% 100.0%		101 - 120% 79.1%		101 - 120% 100.0%
		121 - 140% 100.0%		121 - 140% 87.0%		121 - 140% 100.0%

¹ Averages from the survey presented for hours supervised and hours paid training are weighted by FTEs in service. Outliers outside two standard deviations are excluded.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Summary of Productivity Factors Reported in the Provider Survey
Includes Translation to Daily Productivity Factor

Factor	Productivity Factors Reported through the Provider Survey																				
	HCBS Services							DTT Services					Dev. Home Services			Gr. Home Services				Prof. Services	
	Attendant Care	Habilitation, Comm. Prot, Hourly	Habilitation, Support	Housekeeping	Respite, Hourly	Respite, Continuous	Habilitation, Ind. Designed Liv.	Day Treatment, Adult (Facility)	Day Treatment, Adult (Community)	Day Treatment, Child (After-Sch, Facility)	Day Treatment, Child (Summer, Facility)	Day Treatment, Child (Summer, Community)	Developmental Home, Child	Developmental Home, Adult	Developmental Home, Room/Board	Habilitation, Comm. Prot Group Home	Habilitation, Group Home	Habilitation, Nursing Supp Group Home	Room/Board, All Group Home	Nursing	Home Health Aide
# of Visits	2.3	2.0	2.3	3.5	1.7	1.0	1.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.2	NR
Visit Length	3.4	4.0	2.9	2.0	4.3	18.0	7.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.0	NR
Wages	\$10.37	N/A	\$10.52	\$11.00	\$10.56	\$10.56	\$10.09	\$9.54	\$9.54	\$9.92	\$9.92	\$9.92	\$17.51	\$14.75	N/A	\$9.47	\$9.53	N/A	N/A	\$20.84	NR
Travel Time																					
Staff hours per day	0.50	0.75	0.66	0.50	0.50	0.50	0.43	0.60	1.75	0.40	0.25	1.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.25	NR
Program/Staff miles per Day	15.23	10.00	13.88	6.00	12.65	12.00	11.05	21.50	20.00	6.00	15.00	16.50	2.19	2.00	N/A	25.95	21.36	39.47	N/A	100.00	NR
Time allocated to notes/med records																					
Included in Direct Service Time? ¹	97.6%	0.0%	99.2%	100.0%	90.0%	100.0%	99.7%	67.6%	36.7%	100.0%	100.0%	0.0%	N/A	N/A	N/A	63.6%	60.0%	100.0%	N/A	0.0%	NR
Reported Average (hrs / day)	0.25	0.25	0.25	0.00	0.00	0.00	0.00	0.50	0.25	0.00	0.50	0.25	N/A	N/A	N/A	1.50	0.00	0.00	N/A	0.25	NR
Time allocated to program set up/take down	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.50	0.00	1.00	0.25	0.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NR
Down Time																					
Percent Specified No Down Time ¹	85.9%	0.0%	78.6%	0.0%	80.0%	0.0%	66.9%	25.0%	31.7%	0.0%	0.0%	50.0%	N/A	N/A	N/A	6.2%	16.4%	100.0%	N/A	100.0%	NR
Per Day	1.50	NR	0.25	1.00	0.25	>1.50	0.25	0.50	0.25	0.50	0.25	0.25	N/A	N/A	N/A	0.25	0.25	0.00	N/A	0.00	NR
Training Time																					
Per Year ²	20.89	N/A	19.04	0.00	17.33	17.33	39.04	36.59	36.59	24.87	24.87	24.87	88.00	68.29	N/A	73.32	40.09	80.00	N/A	23.50	NR
Per Day (Per Year ÷ 260)	0.08	N/A	0.07	0.00	0.07	0.07	0.15	0.14	0.14	0.10	0.10	0.10	0.34	0.26	N/A	0.28	0.15	0.31	N/A	0.09	NR
Per Year ³	14.99	10.00	17.57	10.67	13.23	24.00	24.43	27.60	24.90	20.00	15.00	11.30	N/A	N/A	N/A	59.50	27.50	33.30	N/A	11.00	NR
Per Day (Per Year ÷ 260)	0.06	0.04	0.07	0.04	0.05	0.09	0.09	0.11	0.10	0.08	0.06	0.04	N/A	N/A	N/A	0.23	0.11	0.13	N/A	0.04	NR
Time allocated to missed appointments																					
Number Appts missed / Week	0.66	1.00	0.51	1.00	6.69	0.00	0.09	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	NR
Average Appointment Length ⁶	3.37	4.00	2.88	2.00	4.34	18.00	7.88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.00	NR
Allocation per Day (#/Wk * Len ÷ 5)	0.44	0.80	0.29	0.40	5.81	0.00	0.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	NR

N/A: Question does not apply to service

NR: No survey responses received

¹ Percent corresponds to "Yes" responses weighted by Direct Service FTEs

² Amount reported by job classification

³ Amount reported within productivity by service

Arizona Division of Developmental Disabilities
Summary of Productivity Factors Reported in the Provider Survey
Includes Translation to Daily Productivity Factor

Factor	Daily Productivity Factors Reported through the Provider Survey, Rounded Values																				
	HCBS Services							DTT Services					Dev. Home Services			Gr. Home Serivces				Prof. Services	
	Attendant Care	Habilitation, Comm. Prot, Hourly	Habilitation, Support	Housekeeping	Respite, Hourly	Respite, Continuous	Habilitation, Ind. Designed Liv.	Day Treatment, Adult (Facility)	Day Treatment, Adult (Community)	Day Treatment, Child (After-Sch, Facility)	Day Treatment, Child (Summer, Facility)	Day Treatment, Child (Summer, Community)	Developmental Home, Child	Developmental Home, Adult	Developmental Home, Room/Board	Habilitation, Comm. Prot Group Home	Habilitation, Group Home	Habilitation, Nursing Supp Group Home	Room/Board, All Group Home	Nursing	Home Health Aide
Values Rounded Up																					
- Travel Time	0.50	0.75	0.70	0.50	0.50	0.50	0.45	0.60	1.75	0.40	0.25	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00
- Time allocated to notes/med records	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00
- Time allocated to program set up/take down	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.25	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Down Time	0.00	0.00	0.00	1.00	0.00	1.75	0.00	0.50	0.25	0.50	0.25	0.25	0.00	0.00	0.00	0.25	0.25	0.00	0.00	0.00	0.00
- Training Time	0.10	0.05	0.10	0.05	0.10	0.10	0.10	0.15	0.10	0.10	0.10	0.05	0.00	0.00	0.00	0.25	0.15	0.15	0.00	0.05	0.00
- Time allocated to missed appointments	0.45	0.80	0.30	0.40	5.85	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Values Rounded																					
- Travel Time	0.50	0.75	0.65	0.50	0.50	0.50	0.45	0.60	1.75	0.40	0.25	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00
- Time allocated to notes/med records	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00
- Time allocated to program set up/take down	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.25	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Down Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.25	0.50	0.25	0.25	0.00	0.00	0.00	0.25	0.25	0.00	0.00	0.00	0.00
- Training Time	0.05	0.05	0.05	0.05	0.05	0.10	0.10	0.10	0.10	0.10	0.05	0.05	0.00	0.00	0.00	0.25	0.10	0.15	0.00	0.05	0.00
- Time allocated to missed appointments	0.45	0.80	0.30	0.40	5.80	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Factor	Daily Productivity Factors, CWG Recommendations																				
	HCBS Services							DTT Services					Dev. Home Services			Gr. Home Services				Prof. Services	
	Attendant Care	Habilitation, Comm. Prot, Hourly	Habilitation, Support	Housekeeping	Respite, Hourly	Respite, Continuous	Habilitation, Ind. Designed Liv.	Day Treatment, Adult (Facility)	Day Treatment, Adult (Community)	Day Treatment, Child (After-Sch, Facility)	Day Treatment, Child (Summer, Facility)	Day Treatment, Child (Summer, Community)	Developmental Home, Child	Developmental Home, Adult	Developmental Home, Room/Board	Habilitation, Comm. Prot Group Home	Habilitation, Group Home	Habilitation, Nursing Supp Group Home	Room/Board, All Group Home	Nursing	Home Health Aide
Values Rounded Up																					
- Travel Time	Navigant							Mercer					Burns & Assoc.			Burns & Assoc.				Navigant	
- Time allocated to notes/med records	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	0.00	0.00	0.25	0.00
- Time allocated to program set up/take down	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Mercer					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Down Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.10	0.10	0.10	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- Training Time	0.15	0.25	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.25	0.15	0.15	0.15	0.15	0.15
- Time allocated to missed appointments	Navigant							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note: Highlighted areas: No consistent methodology, values are responsibility of named consulting firm to determine service specific values.

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
HCBS Productivity Summary

Productivity Measure	Attendant Care		Habilitation, Community Protection and Treatment		Habilitation, Support		Housekeeping		Respite, Hourly		Respite, Continuous		Habilitation, Individually Designed Living Arrangement	
	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹
Number of Visits	--	2.3	--	2.0	--	2.3	--	3.5	--	1.7	--	1.0	--	1.0
Average Visit Length	--	3.4	--	4.0	--	2.9	--	2.0	--	4.3	--	18.0	--	7.9
On-site Time: "Billable Hours"	7.50	6.95	8.00	6.15	7.25	6.90	7.50	6.05	7.65	1.55	8.00	5.65	7.75	7.30
Training	--	0.10	--	0.05	--	0.10	--	0.05	--	0.10	--	0.10	--	0.10
Notes & Medical Records	0.25	0.00	0.00	0.25	0.25	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.25	0.00
Down Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.75	0.00	0.00
Travel Time	0.25	0.50	0.00	0.75	0.50	0.70	0.50	0.50	0.25	0.50	0.00	0.50	0.00	0.45
Number of Missed Appts	--	0.45	--	0.80	--	0.30	--	0.40	--	5.85	--	0.00	--	0.15
<i>Productivity Adjustment</i>	1.07	1.15	1.00	1.43	1.10	1.19	1.07	1.48	1.05	-0.32	1.00	1.71	1.03	1.11
Total Mileage Cost	\$1.73	\$6.78	\$0.39	\$4.45	\$5.18	\$6.18	\$5.18	\$2.67	\$1.73	\$5.63	\$1.73	\$5.34	\$0.00	\$4.92
- Number of Miles	5.00	15.23	1.14	10.00	15.00	13.88	15.00	6.00	5.00	12.65	5.00	12.00	0.00	11.05
- Amount per Mile	\$0.345	\$0.445	\$0.345	\$0.445	\$0.345	\$0.445	\$0.345	\$0.445	\$0.345	\$0.445	\$0.345	\$0.445	\$0.345	\$0.445

¹ Values from the survey presented are weighted by FTEs in service when value is available. Outliers outside two standard deviations are excluded.
Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Attendant Care Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Attendant Care		17	85.0%												
Number of Visits	per shift			2.26	2.03	2.76	2.44			2.20	2.20	2.34	2.34		
Visit Length	hours			2.98	2.98	2.98	2.98			3.33	3.34	3.37	3.37		
Training	hours per year			18.39	16.21	18.11	14.58	16.21	14.62	16.51	14.69	16.94	14.99	14.79	14.69
Notes & Medical Records															
Part of direct service time		11	97.6%												
In addition to direct svc time	hours per shift ⁴	6	2.4%	0.25 Hours		0.25 Hours				0.25 Hours		0.25 Hours			
Down Time															
Specified zero down time		12	85.9%												
Specified value for down time	hours per shift ⁴	5	14.1%	0.25 Hours		1.50 Hours				0.25 Hours		1.50 Hours			
Travel Time	hours per day			0.56	0.53	0.57	0.53	0.58	0.55	0.53	0.50	0.54	0.50	0.53	0.50
Travel Distance	miles per day			16.06	12.73	17.55	12.70	12.73	12.73	14.84	14.82	15.26	15.23	14.82	14.82
Number of Missed Appts	per week			0.71	0.63	0.92	0.82			0.71	0.61	0.77	0.66		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 HPH Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide HPH Service		1	5.0%												
Number of Visits	per shift			2.00	2.00	2.00	2.00								
Visit Length	hours			4.00	4.00	4.00	4.00								
Training	hours per year			10.00	10.00	10.00	10.00	10.00	10.00						
Notes & Medical Records															
Part of direct service time		0	0.0%												
In addition to direct svc time	hours per shift ⁴	1	0.0%	0.25 Hours		0.25 Hours									
Down Time															
Specified zero down time		1	0.0%												
Specified value for down time	hours per shift ⁴	0	0.0%												
Travel Time	hours per day			0.75	0.75	0.75	0.75	0.75	0.75						
Travel Distance	miles per day			10.00	10.00	10.00	10.00	10.00	10.00						
Number of Missed Appts	per week			1.00	1.00	1.00	1.00								

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Habilitation, Support Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Habilitation, Support		15	75.0%												
Number of Visits	per shift			1.79	1.79	2.32	2.32			2.07	2.07	2.29	2.29		
Visit Length	hours			3.46	2.76	4.00	4.00			3.40	2.84	3.55	2.88		
Training	hours per year			20.56	18.22	22.91	19.10	18.22	16.54	19.63	17.03	20.66	17.57	17.03	17.03
Notes & Medical Records															
Part of direct service time		12	99.2%												
In addition to direct svc time	hours per shift ⁴	3	0.8%	0.50 Hours		0.25 Hours				0.25 Hours		0.25 Hours			
Down Time															
Specified zero down time		11	78.6%												
Specified value for down time	hours per shift ⁴	4	21.4%	0.25 Hours		0.25 Hours				0.25 Hours		0.25 Hours			
Travel Time	hours per day			0.63	0.63	0.64	0.64	0.63	0.63	0.63	0.63	0.66	0.66	0.63	0.63
Travel Distance	miles per day			13.33	13.33	13.29	13.29	13.33	13.33	13.52	13.52	13.88	13.88	13.52	13.52
Number of Missed Appts	per week			0.69	0.58	0.70	0.70			0.51	0.49	0.51	0.51		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Housekeeping Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Housekeeping		8	40.0%												
Number of Visits	per shift			2.44	2.44	3.50	3.50			3.50	3.50	3.50	3.50		
Visit Length	hours			2.10	1.26	3.78	3.78			2.00	2.00	2.00	2.00		
Training	hours per year			15.73	10.36	25.56	25.56	10.36	10.36	10.67	10.67	10.67	10.67	10.67	10.67
Notes & Medical Records															
Part of direct service time		4	100.0%												
In addition to direct svc time	hours per shift ⁴	3	0.0%	0.00 Hours											
Down Time															
Specified zero down time		6	0.0%												
Specified value for down time	hours per shift ⁴	2	100.0%	0.25 Hours		0.25 Hours				1.00 Hours		1.00 Hours			
Travel Time	hours per day			0.54	0.50	0.50	0.50	0.54	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Travel Distance	miles per day			10.00	10.00	8.00	8.00	10.00	10.00	6.00	6.00	6.00	6.00	6.00	6.00
Number of Missed Appts	per week			0.54	0.00	1.00	1.00			1.00	1.00	1.00	1.00		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Respite, Hourly Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Respite, Hourly		15	75.0%												
Number of Visits	per shift			1.66	1.66	1.86	1.86			1.90	1.90	1.73	1.71		
Visit Length	hours			4.81	4.58	4.62	4.62			4.80	4.48	4.81	4.34		
Training	hours per year			18.69	16.21	18.27	13.26	16.21	14.38	17.68	14.07	18.30	13.23	14.07	14.07
Notes & Medical Records															
Part of direct service time		9	90.0%												
In addition to direct svc time	hours per shift ⁴	6	10.0%	0.00 Hours		0.00 Hours				0.00 Hours		0.00 Hours			
Down Time															
Specified zero down time		11	80.0%												
Specified value for down time	hours per shift ⁴	4	20.0%	0.25 Hours		0.25 Hours				0.25 Hours		0.25 Hours			
Travel Time	hours per day			0.58	0.54	0.54	0.50	0.58	0.54	0.51	0.50	0.50	0.50	0.51	0.50
Travel Distance	miles per day			11.50	11.50	11.86	11.86	11.50	11.50	11.66	11.58	12.51	12.65	11.66	11.58
Number of Missed Appts	per week			1.28	0.00	2.14				4.93	4.93	6.69	6.69		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Respite, Continuous Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Respite, Continuous		8	40.0%												
Number of Visits	per shift			2.38	0.86	0.86	1.00			1.00	1.00	1.00	1.00		
Visit Length	hours			14.14	14.14	12.73	12.73			18.00	18.00	18.00	18.00		
Training	hours per year			23.58	23.58	24.48	24.48	19.33	19.33	24.00	24.00	24.00	24.00	24.00	24.00
Notes & Medical Records															
Part of direct service time		6	100.0%												
In addition to direct svc time	hours per shift ⁴	2	0.0%	0.00 Hours		0.00 Hours									
Down Time															
Specified zero down time		6	0.0%												
Specified value for down time	hours per shift ⁴	2	100.0%	0.25 Hours		0.25 Hours				> 1.50 Hours		> 1.50 Hours			
Travel Time	hours per day			0.65	0.65	0.69	0.69	0.65	0.65	0.50	0.50	0.50	0.50	0.50	0.50
Travel Distance	miles per day			10.40	10.40	10.25	10.25	10.40	10.40	12.00	12.00	12.00	12.00	12.00	12.00
Number of Missed Appts	per week			0.13	0.00	0.14	0.00			0.00	0.00	0.00	0.00		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length greater than 24 hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Habilitation, IDLA Productivity Summary

				Unweighted Average						Average, Weighted by FTEs					
Productivty Measure	Unit			All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Shift Length Error ¹		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide HCBS Service		20	80.0%												
Provide Habilitation, IDLA		11	55.0%												
Number of Visits	per shift			2.09	1.50	1.14	1.00			1.96	1.54	1.15	1.00		
Visit Length	hours			8.14	6.95	8.00	8.00			8.47	7.67	7.88	7.88		
Training	hours per year			27.97	27.97	30.09	30.09	22.33	22.33	27.43	22.09	28.89	24.43	22.09	22.09
Notes & Medical Records															
Part of direct service time		10	99.7%												
In addition to direct svc time	hours per shift ⁴	1	0.3%	0.00 Hours						0.00 Hours					
Down Time															
Specified zero down time		8	66.9%												
Specified value for down time	hours per shift ⁴	3	33.1%	1.00 Hours		0.25 Hours				1.00 Hours		0.25 Hours			
Travel Time	hours per day					0.38	0.38	0.42	0.42	0.44	0.44	0.43	0.43	0.42	0.42
Travel Distance	miles per day					19.54	19.54	13.33	13.33	12.75	12.75	11.30	11.05	13.33	13.33
Number of Missed Appts	per week			0.45	0.00	0.57	0.00			0.37	0.06	0.53	0.09		

¹ "Providers Less Shift Length Error" include only providers who reported a shift length between six and nine hours in length.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with a calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

³ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Day Treatment & Training Productivity Summary

Productivity Measure	Day Treatment and Training, Adult		Day Treatment and Training, Child	
	Current Model	Survey ¹	Current Model	Survey ¹
On-site Time: "Billable Hours"	7.00	6.30	4.00	7.10
Training	--	0.10		0.10
Notes & Medical Records	0.20	0.00	0.25	0.00
Facility Prep Time		0.50		0.25
Down Time	0.00	0.50	0.00	0.25
Direct Care Travel Time	0.80	0.60	0.00	0.30
<i>Productivity Adjustment</i>	1.03	1.27	1.06	1.13
Total Mileage Cost	\$0.69	\$5.75	\$0.69	\$1.35
- Number of Miles	2.00	12.92	2.00	3.04
- Amount per Mile	\$0.345	\$0.445	\$0.345	\$0.445

¹ Values from the survey presented are weighted by FTEs in service when value is available. Outliers outside two standard deviations are excluded.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Adult Day Treatment & Training (Facility) Productivity Summary

Productivity Measure			Unweighted Average								Average, Weighted by FTEs							
			All Providers		Providers Less Operating Days Error ¹		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³		All Providers		Providers Less Operating Days Error ¹		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³	
			With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DTT Service	20	80.0%																
Provide Adult DTT (facility)	18	90.0%																
Annual Days Program Operates			240.7	249.3	256.6	249.3					242.1	246.5	247.4	252.3				
Typical Annual Attendance			220.6	219.7	235.1	226.4					221.1	224.7	225.8	224.7				
Hours of Typical Program			6.4	6.6	6.6	6.7	6.4	6.6	6.5	6.7	6.4	6.5	6.5	6.7	6.4	6.46	6.7	6.81
Scheduled Group Size			14.3	12.6	15.5	13.7	11.6	11.6	12.3	12.3	16.0	15.1	16.4	15.5	14.7	15.91	15.1	14.17
Participating Group Size			11.2	11.2	11.9	11.9	10.5	10.5	10.9	10.9	13.3	14.0	13.6	14.3	13.1	14.07	13.5	13.53
Absence Factor			22.1%	11.7%	23.0%	12.7%	9.2%	9.2%	11.1%	11.1%	16.9%	7.7%	17.2%	8.2%	10.7%	11.6%	10.2%	4.5%
Number of Staff Present			4.9	4.3	5.3	4.7	4.1	4.1	3.5	3.5	0.2	5.2	5.7	5.4	5.1	5.10	4.1	4.08
Staff to Client Ratio			1:2.3	1:2.6	1:2.2	1:2.5	1:2.6	1:2.6	1:3.2	1:3.2	1:5.5	1:2.7	1:2.4	1:2.7	1:2.6	1:2.8	1:3.3	1:3.3
Notes & Medical Records																		
Part of direct service time	12	67.6%																
In addition to direct svc time ⁵	6	32.4%	0.50 Hours		0.50 Hours						0.50 Hours		0.50 Hours					
Down Time																		
Specified zero down time	5	25.0%																
Specified value for down time ⁵	13	75.0%	0.50 Hours		0.25 Hours						0.50 Hours		0.50 Hours					
Facility Prep Time																		
Specified zero prep time	1	0.8%																
Specified value for prep time ⁵	17	99.2%	0.50 Hours		0.50 Hours						0.50 Hours		0.50 Hours					
Annual Training Hours			32.8	28.6	33.6	28.9	24.6	23.5			37.6	27.6	38.0	27.6	25.0	24.4		
Supply Costs per Client			\$2.38	\$2.13	\$2.51	\$2.24					\$2.17	\$2.02	\$2.21	\$2.05				
Square Footage per Client			157.2	117.1	165.6	120.3	171.5	126.6			151.5	111.3	163.5	118.6	174.7	126.3		
Operating Cost per ft ²			\$17.26	\$17.26	\$17.34	\$18.20	\$15.91	\$15.91			\$16.68	\$16.68	\$16.81	\$16.81	\$16.21	\$16.21		
Percent Clients Rcv Transport			58.8%	58.8%	60.1%	60.1%					62.7%	64.9%	63.9%	64.4%				
Number of Staff in Transport			1.6	1.6	1.7	1.7					1.8	1.8	1.8	1.8				
Hours Staff in Transport			2.0	2.0	1.9	1.9					1.9	1.7	1.9	1.7				
Miles Staff in Transport			21.7	19.6	21.3	19.1					23.4	21.6	23.4	21.5				
Number of Outings			4.4	3.7	4.3	3.4					4.1	3.7	3.9	3.4				
Miles Traveled in Outings			19.7	17.9	19.8	17.8					20.1	19.1	20.0	19.0				

¹ "Providers Less Operating Days Error" include only providers who reported the number of program operating days to be less than 200.

² "Providers Less Extreme Cases" include only providers reporting absenteeism no more than 25% (in staffing calculations), training no more than 40 hours of training per year, and less than \$25 cost per square foot.

³ "Providers Less Extreme Cases" include only providers with a staff to client ratio at least 1:2.5 (in staffing calculations).

⁴ Percents for "Notes & Medical Records", "Down Time", and "Facility Prep Time" are weighted by FTEs.

⁵ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Adult Day Treatment & Training (Community) Productivity Summary

Productivity Measure			Unweighted Average								Average, Weighted by FTEs							
			All Providers		Providers Less Operating Days Error ¹		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³		All Providers		Providers Less Operating Days Error ¹		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³	
			With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DTT Service	20	80.0%																
Provide Adult DTT (community)	5	25.0%																
Annul Days Program Operates			206.6	206.6	252.0	252.0					222.6	222.6	252.8	253.0				
Typical Annual Attendance			188.3	188.3	228.3	228.3					199.9	199.9	225.5	225.5				
Hours of Typical Program			6.2	6.2	6.8	6.8	6.1	6.1	6.8	6.8	6.2	6.7	6.7	6.7	5.9	5.91	6.7	6.68
Scheduled Group Size			4.0	4.0	3.0	3.0	4.5	4.5	4.5	4.5	3.1	2.1	2.0	1.7	4.0	3.99	4.1	4.06
Participating Group Size			3.8	3.8	2.7	2.7	4.5	4.5	4.5	4.5	2.6	1.5	1.3	1.0	4.0	3.99	4.1	4.06
Absence Factor			5.0%	5.0%	11.1%	11.1%	0.0%	0.0%	0.0%	0.0%	15.3%	26.9%	32.0%	40.4%	0.0%	0.0%	0.0%	0.0%
Number of Staff Present			2.2	2.2	1.7	1.7	2.5	2.5	2.0	2.0	0.2	1.1	1.1	1.0	2.4	2.43	1.7	1.71
Staff to Client Ratio			1:1.7	1:1.7	1:1.6	1:1.6	1:1.8	1:1.8	1:2.3	1:2.3	1:1.8	1:1.4	1:1.2	1:1.0	1:1.6	1:1.6	1:2.4	1:2.4
Notes & Medical Records																		
Part of direct service time	3	36.7%																
In addition to direct svc time ⁵	2	63.3%	0.25 Hours		0.25 Hours						0.25 Hours		0.25 Hours					
Down Time																		
Specified zero down time	2	31.7%																
Specified value for down time ⁵	3	68.3%	0.50 Hours		0.50 Hours						0.25 Hours		0.25 Hours					
Facility Prep Time																		
Specified zero prep time	2	69.3%																
Specified value for prep time ⁵	3	30.7%	0.50 Hours		0.50 Hours						0.25 Hours		0.50 Hours					
Annual Training Hours			28.7	28.7	30.2	30.2	28.7	28.7			26.5	25.8	25.9	24.9	26.5	25.8		
Supply Costs per Client			\$1.64	\$1.64	\$1.83	\$1.83					\$1.86	\$1.86	\$2.01	\$2.01				
Square Footage per Client			117.0	117.0	162.0		156.0	156.0			85.2	85.2	162.0	162.0	158.2	158.2		
Operating Cost per ft ⁴			\$15.16	\$15.16	\$12.02		\$8.81	\$8.81			\$13.35	\$13.35	\$12.02	\$12.02	\$7.11	\$7.11		
Percent Clients Rcv Transport			65.3%	65.3%	100.0%						76.9%	76.9%	100.0%	100.0%				
Number of Staff in Transport			1.0	1.0	1.0						1.0	1.0	1.0	1.0				
Hours Staff in Transport			> 1.50 Hours		> 1.50 Hours						> 1.50 Hours		> 1.50 Hours					
Miles Staff in Transport			24.0	24.0	20.0						21.3	20.0	20.0	20.0				
Number of Outings			6.7	6.7	5.0						8.7	8.7	5.0	5.0				
Miles Traveled in Outings			22.7	22.7	10.0						18.8	18.8	10.0	10.0				

¹ "Providers Less Operating Days Error" include only providers who reported the number of program operating days to be less than 200.

² "Providers Less Extreme Cases" include only providers reporting absenteeism no more than 25% (in staffing calculations), training no more than 40 hours of training per year, and less than \$25 cost per square foot.

³ "Providers Less Extreme Cases" include only providers with a staff to client ratio at least 1:2.5 (in staffing calculations).

⁴ Percents for "Notes & Medical Records", "Down Time", and "Facility Prep Time" are weighted by FTEs.

⁵ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Child Day Treatment & Training (After School Facility) Productivity Summary

Productivity Measure			Unweighted Average						Average, Weighted by FTEs					
			All Providers		Providers Less Extreme Cases ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Extreme Cases ¹		Providers Less Extreme Cases ²	
	Number of Providers	Percent of Providers ³	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DTT Service	20	80.0%												
Provide Child DTT (after sch facility)	2	10.0%												
Annul Days Program Operates			216.0	216.0					252.0	252.0				
Typical Annual Attendance			190.0	190.0					230.0	230.0				
Hours of Typical Program			3.5	3.5	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.00	4.0	4.00
Scheduled Group Size			17.5	17.5	17.5	17.5	17.5	17.5	18.0	18.0	18.0	18.00	18.0	18.00
Participating Group Size			15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.00	15.0	15.00
Absence Factor			14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	16.7%	16.7%	16.7%	16.7%	16.7%	16.7%
Number of Staff Present			5.0	5.0	5.0	5.0	5.0	5.0	0.2	5.0	5.0	5.00	5.0	5.00
Staff to Client Ratio			1:3.0	1:3.0	1:3.0	1:3.0	1:3.0	1:3.0	1:5.0	1:3.0	1:3.0	1:3.0	1:3.0	1:3.0
Notes & Medical Records														
Part of direct service time	2	100.0%												
In addition to direct svc time ⁴	0	0.0%												
Down Time														
Specified zero down time	0	0.0%												
Specified value for down time ⁴	2	100.0%	0.25 Hours						0.50 Hours					
Facility Prep Time														
Specified zero prep time	0	0.0%												
Specified value for prep time ⁴	2	100.0%	0.75 Hours						1.00 Hours					
Annual Training Hours			17.5	17.5	17.5	17.5			20.0	20.0	20.0	20.0		
Snack/M meal Costs per Client			\$16.50	\$16.50					\$18.00	\$18.00				
Supply Costs per Client			\$3.25	\$3.25					\$3.50	\$3.50				
Square Footage per Client			333.0		333.0				333.0	333.0	333.0	333.0		
Operating Cost per ft ²			\$14.66		\$14.66				\$14.66	\$14.66	\$14.66	\$14.66		
Percent Clients Rcv Transport			92.5%	92.5%					85.0%	85.0%				
Number of Staff in Transport			1.5	1.5					2.0	2.0				
Hours Staff in Transport			1.3	1.3					1.0	1.0				
Miles Staff in Transport			10.5	10.5					6.0	6.0				
Number of Outings			3.5	3.5					3.8	3.8				
Miles Traveled in Outings			9.5	9.5					4.0	4.0				

¹ "Providers Less Extreme Cases" include only providers reporting absenteeism no more than 25% (in staffing calculations), training no more than 40 hours of training per year, and less than \$25 cost per square foot.

² "Providers Less Extreme Cases" include only providers with a staff to client ratio at least 1:2.5 (in staffing calculations).

³ Percents for "Notes & Medical Records", "Down Time", and "Facility Prep Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Child Day Treatment & Training (Summer Facility) Productivity Summary

Productivity Measure			Unweighted Average						Average, Weighted by FTEs					
			All Providers		Providers Less Extreme Cases ¹		Providers Less Extreme Cases ²		All Providers		Providers Less Extreme Cases ¹		Providers Less Extreme Cases ²	
			With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DTT Service	20	80.0%												
Provide Child DTS (summer facility)	3	15.0%												
Annual Days Program Operates			50.0	50.0					50.0	50.0				
Typical Annual Attendance			38.0	38.0					42.0	42.0				
Hours of Typical Program			5.0	5.0	5.0	5.0	6.0		6.0	6.0	6.0	6.00	6.0	6.00
Scheduled Group Size			14.7	14.7	14.7	14.7	23.0		23.0	23.0	23.0	23.00	23.0	23.00
Participating Group Size			13.3	13.3	13.3	13.3	18.0		18.0	18.0	18.0	18.00	18.0	18.00
Absence Factor			9.1%	9.1%	9.1%	9.1%	21.7%		21.7%	21.7%	21.7%	21.7%	21.7%	21.7%
Number of Staff Present			6.3	6.3	6.3	6.3	6.0		0.2	6.0	6.0	6.00	6.0	6.00
Staff to Client Ratio			1:2.1	1:2.1	1:2.1	1:2.1	1:3.0		1:6.0	1:3.0	1:3.0	1:3.0	1:3.0	1:3.0
Notes & Medical Records														
Part of direct service time	1	100.0%												
In addition to direct svc time ⁴	2	0.0%	0.00 Hours						0.50 Hours					
Down Time														
Specified zero down time	0	0.0%												
Specified value for down time ⁴	3	100.0%	0.25 Hours						0.25 Hours					
Facility Prep Time														
Specified zero prep time	0	0.0%												
Specified value for prep time ⁴	3	100.0%	0.25 Hours						0.25 Hours					
Annual Training Hours			24.1	24.1	24.1	24.1			15.0	15.0	15.0	15.0		
Snack/M meal Costs per Client			\$23.67	\$23.67					\$15.00	\$15.00				
Supply Costs per Client			\$3.17	\$3.17					\$3.00	\$3.00				
Square Footage per Client			125.0	125.0										
Operating Cost per ft ²			\$15.50	\$15.50										
Percent Clients Rcv Transport			48.3%	48.3%					100.0%	100.0%				
Number of Staff in Transport			1.3	1.3					1.0	1.0				
Hours Staff in Transport			1.8	1.5					1.5	1.5				
Miles Staff in Transport			22.3	22.3					15.0	15.0				
Number of Outings			3.7	3.7					5.0	5.0				
Miles Traveled in Outings			15.0	15.0					15.0	15.0				

¹ "Providers Less Extreme Cases" include only providers reporting absenteeism no more than 25% (in staffing calculations), training no more than 40 hours of training per year, and less than \$25 cost per square foot.

² "Providers Less Extreme Cases" include only providers with a staff to client ratio at least 1:2.5 (in staffing calculations).

³ Percents for "Notes & Medical Records", "Down Time", and "Facility Prep Time" are weighted by FTEs.

⁴ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Child Day Treatment & Training (Summer Community) Productivity Summary

Productivity Measure			Unweighted Average						Average, Weighted by FTEs ¹					
			All Providers		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³		All Providers		Providers Less Extreme Cases ²		Providers Less Extreme Cases ³	
					With Outliers	Without Outliers	With Outliers	Without Outliers			With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DTT Service	20	80.0%												
Provide Child DTS (summer community)	2	10.0%												
Annul Days Program Operates			32.0	32.0										
Typical Annual Attendance			26.5	26.5										
Hours of Typical Program			4.5	4.5	4.0	4.0	4.0	4.0						
Scheduled Group Size			2.5	2.5	3.0	3.0	3.0	3.0						
Participating Group Size			2.0	2.0	3.0	3.0	3.0	3.0						
Absence Factor			20.0%	20.0%	0.0%	0.0%	0.0%	0.0%						
Number of Staff Present			1.0	1.0	1.0	1.0	1.0	1.0						
Staff to Client Ratio			1:2.0	1:2.0	1:3.0	1:3.0	1:3.0	1:3.0						
Notes & Medical Records														
Part of direct service time	0	0.0%												
In addition to direct svc time ⁵	2	100.0%	0.25 Hours											
Down Time														
Specified zero down time	1	50.0%												
Specified value for down time	1	50.0%	0.25 Hours											
Facility Prep Time														
Specified zero prep time	1	50.0%												
Specified value for prep time	1	50.0%	0.50 Hours											
Annual Training Hours			11.3	11.3	11.3	11.3								
Snack/M meal Costs per Client			\$9.50	\$9.50										
Supply Costs per Client			\$1.85	\$1.85										
Square Footage per Client	No Data Reported													
Operating Cost per ft ²														
Percent Clients Rcv Transport			100.0%	100.0%										
Number of Staff in Transport			1.5	1.5										
Hours Staff in Transport			1.8	1.5										
Miles Staff in Transport			16.5	16.5										
Number of Outings			3.5	3.5										
Miles Traveled in Outings			11.0	11.0										

¹ No Direct Service FTEs reported within Service Type

² "Providers Less Extreme Cases" include only providers reporting absenteeism no more than 25% (in staffing calculations), training no more than 40 hours of training per year, and less than \$25 cost per square foot.

³ "Providers Less Extreme Cases" include only providers with a staff to client ratio at least 1:2.5 (in staffing calculations).

⁴ Percents for "Notes & Medical Records" is weighted by FTEs.

⁵ Value where responses are cumulatively at least 50% of responding indicators.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
Developmental Home Productivity Summary

Productivity Measure	Vendor Supported Developmental Home, Child		Vendor Supported Developmental Home, Adult		Vendor Supported Developmental Home, Room & Board, Child		Vendor Supported Developmental Home, Room & Board, Adult	
	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹
Years of Service	5.0	4.1	5.0	4.1				
Initial Training, Hours	20.0	27.5	20.0	23.3				
Ongoing Training, Hours	10.0	11.9	10.0	10.9				
Hours of:								
Respite	720.0	580.0	720.0	595.4				
Habilitation	50.0	35.0	50.0	35.0				
Attendant Care	50.0	35.0	50.0	35.0				
Home Supervision:								
Visits	26.0	20.0	26.0	20.6				
Hours per Visit	1.00	1.4	1.00	1.3				
Mileage								
Miles per Month	100.0	280.0	100.0	284.4				
Mileage Rate	\$0.345	\$0.445	\$0.345	\$0.445				
Room								
Square Footage					195.0	138.00	170.0	142.00
Cost per Sq. Foot ²					\$10.00	\$11.59	\$10.00	\$13.83
Board, Cost of Meals / Day ³					\$6.55	\$7.02	\$7.24	\$8.00

¹ Values from the survey presented are weighted by FTEs in service when value is available. Outliers outside two standard deviations are excluded.

² Values are converted to annual cost per square foot.

³ Values are converted assuming 30.4 days per month.

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Developmental Home, Child Productivity Summary

Productivity Measure	Unit	Number of Providers Percent of Providers ²		Unweighted Average				Average, Weighted by FTEs			
				All Providers		Providers Less Extreme Cases ¹		All Providers		Providers Less Extreme Cases ¹	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DH Services		6	24.0%								
Provide Dev Home, Child		4	66.7%								
Home Service Length	years			3.05	3.05			4.07	4.07		
No. of Clients	per home			1.50	1.50			1.60	1.60		
Average Caseload	clients per year			9.25	9.25			7.33	7.33		
Individual Bedroom											
Specified 1 client / bedroom		4	100.0%								
Specified >1 client / bedroom		0	0.0%								
Square Feet / Bedroom				117.5	117.5			138.0	138.0		
Avg. Miles Traveled	per month			235.0	235.0			280.0	280.0		
Training Hours											
1 st Year (After Certification)	per year			37.0	37.0	19.3	19.3	27.5	27.5	27.5	27.5
Ongoing Years (After Certification)	per year			12.8	12.8	10.3	10.3	11.9	11.9	11.9	11.9
Supervision & Monitoring											
No. of Visits	per year			18.8	18.8			20.0	20.0		
Avg. Visit Length	per visit			1.6	1.6			1.4	1.4		
Travel Required	per visit			37.5	37.5			40.0	40.0		
Other Services											
Hours - Habilitation	per year			747.5	747.5			294.1	294.1	35.0	35.0
Hours - Attendant Care	per year			617.5	617.5			246.8	246.8	35.0	35.0
Hours - Respite	per year			463.0	463.0			580.0	580.0	580.0	580.0
Room & Board											
Avg. Rent	per month			225.0	225.0			293.3	293.3	133.3	133.3
Avg. Food costs	per month			233.3	233.3			213.3	213.3	213.3	213.3

¹ "Providers Less Extreme Cases" include only providers reporting no more than 40 hours of training per year (in training calculations), no more than 300 annual hours of HAH and ATC services (in other service calculations), and monthly rent no more than \$200.

² Percents for "Specified 1 client / bedroom" is weighted by FTEs.

³ For "Annual Training", excess amount of 1st year training was amortized over 3 & 5 years

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Developmental Home, Adult Productivity Summary

Productivity Measure	Unit			Unweighted Average				Average, Weighted by FTEs			
				All Providers		Providers Less Extreme Cases ¹		All Providers		Providers Less Extreme Cases ¹	
		Number of Providers	Percent of Providers ²	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DH Services		6	24.0%								
Provide Dev Home, Adult		5	83.3%								
Home Service Length	years			3.46	3.46			4.14	4.14		
No. of Clients	per home			1.40	1.40			1.32	1.32		
Average Caseload	clients per year			7.60	7.60			6.63	6.63		
Individual Bedroom											
Specified 1 client / bedroom		5	100.0%								
Specified >1 client / bedroom		0	0.0%								
Square Feet / Bedroom				126.0	126.0			142.0	142.0		
Avg. Miles Traveled	per month			318.0	318.0			427.7	427.7	284.4	284.4
Training Hours											
1 st Year (After Certification)	per year			35.8	35.8	19.3	19.3	39.5	39.5	23.3	23.3
Ongoing Years (After Certification)	per year			14.6	14.6	10.3	10.3	14.3	14.3	10.9	10.9
Supervision & Monitoring											
No. of Visits	per year			20.0	20.0			20.6	20.6		
Avg. Visit Length	per visit			1.4	1.4			1.3	1.3		
Travel Required	per visit			35.0	35.0			35.4	35.4		
Other Services											
Hours - Habilitation	per year			620.0	620.0			402.3	402.3	35.0	35.0
Hours - Attendant Care	per year			785.7	785.7			729.6	729.6	35.0	35.0
Hours - Respite	per year			514.4	514.4			595.4	595.4	595.4	595.4
Room & Board											
Avg. Rent	per month			218.8	218.8			240.0	240.0	163.6	163.6
Avg. Food costs	per month			250.0	250.0			243.1	243.1	243.1	243.1

¹ "Providers Less Extreme Cases" include only providers reporting no more than 500 miles traveled per month (in traveled calculations), no more than 40 hours of training per year (in training calculations), no more than 300 hours of HAH and ATC services (in other service calculations), and monthly rent no more than \$200.

² Percents for "Specified 1 client / bedroom" is weighted by FTEs.

³ For "Annual Training", excess amount of 1st year training was amortized over 3 & 5 years

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Developmental Home, Room & Board Productivity Summary

Productivity Measure	Unit			Unweighted Average				Average, Weighted by FTEs ¹			
				All Providers		Providers Less Extreme Cases ²		All Providers		Providers Less Extreme Cases ²	
		Number of Providers	Percent of Providers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide DH Services		6	24.0%								
Provide Dev Home, R&B		2	33.3%								
Home Service Length	years			5.00	5.00						
No. of Clients	per home			1.50	1.50						
Average Caseload	clients per year			12.00	12.00						
Individual Bedroom											
Specified 1 client / bedroom		2	100.0%								
Specified >1 client / bedroom		0	0.0%								
Square Feet / Bedroom				155.0	155.0						
Avg. Miles Traveled	per month			550.0	550.0	350.0	350.0				
Training Hours											
3-Year tenure ³	per year			31.7	31.7	31.7	31.7				
5-Year tenure ³	per year			29.0	29.0	29.0	29.0				
Supervision & Monitoring											
No. of Visits	per year			24.5	24.5						
Avg. Visit Length	per visit			1.1	1.1						
Travel Required	per visit			32.5	32.5						
Other Services											
Hours - Habilitation	per year			200.0	200.0	35.0	35.0				
Hours - Attendant Care	per year			702.5	702.5	35.0	35.0				
Hours - Respite	per year			710.0	710.0						
Room & Board											
Avg. Rent	per month			300.0	300.0	200.0	200.0				
Avg. Food costs	per month			250.0	250.0						

¹ No FTEs reported by providers responding to productivity factors

² "Providers Less Extreme Cases" include only providers reporting no more than 500 miles traveled per month (in traveled calculations), no more than 40 hours of training per year (in training calculations), no more than 300 hours of HAH and ATC (in other service calculations), and monthly rent no more than \$200.

³ For "Annual Training", excess amount of 1st year training was amortized over 3 & 5 years

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Group Home Productivity Summary

Productivity Measure	Habilitation, Community Protection and Treatment, Group Home		Habilitation, Group Home		Habilitation, Nursing Supported Group Home		All Group Homes, Room & Board (Phoenix)		All Group Homes, Room & Board (Tucson)		All Group Homes, Room & Board (Flagstaff)		All Group Homes, Room & Board (Other)	
	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹	Current Model	Survey ¹
On-site Time: "Billable Hours"	8.00	7.50	8.00	7.65	N/A	7.85								
Training	--	0.25	--	0.10	N/A	0.15								
Notes & Medical Records	0.00	0.00	0.00	0.00	N/A	0.00								
Down Time	0.00	0.25	0.00	0.25	N/A	0.00								
Travel Time	0.00	0.00	0.00	0.00	N/A	0.00								
Number of Missed Appts	--	0.00	--	0.00	N/A	0.00								
<i>Productivity Adjustment</i>	1.00	1.07	1.00	1.05	N/A	1.02								
Transportation														
Number of Miles (Daily)	1.14	4.55	1.14	3.75	N/A	6.92								
Amount per Mile	\$0.345	\$0.445	\$0.345	\$0.445	N/A	\$0.445								
Blended Rate (by Occupancy) ²														
Occupancy = 1							\$35.15	\$39.60	\$30.95	\$35.23	\$35.78	\$36.53	\$29.80	\$32.65
Occupancy = 2							\$22.78	\$29.67	\$20.72	\$27.87	\$23.36	\$28.90	\$20.05	\$26.62
Occupancy = 3							\$20.50	\$29.81	\$18.89	\$29.09	\$20.94	\$29.60	\$18.27	\$28.75
Occupancy = 4							\$18.27	\$26.80	\$16.91	\$26.92	\$18.65	\$26.62	\$15.98	\$26.23
Occupancy = 5							\$17.78	\$25.40	\$16.46	\$26.29	\$18.13	\$25.15	\$15.24	\$22.84
Occupancy = 6							\$16.68	\$24.90	\$15.49	\$24.90	\$17.00	\$24.90	\$14.31	\$24.90

¹ Values from the survey presented are weighted by FTEs in service when value is available. Outliers outside two standard deviations are excluded.

² Values are the "Blended Rates" from the Division RateBook effective July 1, 2006

Note: Highlighted values are those determined by the Consultant Work Group as the most representative of the information reported within the survey

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Habilitation, Community Protection & Treatment, Group Home Productivity Summary

Productivity Measure	Unit	Number of Providers Percent of Providers ¹		Unweighted Average				Average, Weighted by FTEs			
				All Providers		Providers Less Extreme Cases ²		All Providers		Providers Less Extreme Cases ²	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide GH Services		16	64.0%								
Provide Hab, Comm Prot, GH		6	37.5%								
No. of Clients	per home			3.35	3.35			3.26	3.26		
Home Service Length	years			7.25	7.25			8.57	8.57		
No. of Bedrooms				3.6	3.6			3.5	3.5		
Square Feet / Home				1,876	1,876			1,809	1,809		
Dedicated Vehicles											
Specified "Yes"		6	100.0%								
Specified "No"		0	0.0%								
No. of Vehicles	per home			1.2	1.0			1.0	1.0		
Vehicle Size	per vehicle			6.2	6.0			6.0	6.0		
Avg. Miles Traveled	per month			690.0	690.0			788.8	788.8		
Notes & Medical Records											
Part of direct service time		5	63.6%								
In addition to direct svc time ³		1	36.4%	1.50 Hours				1.50 Hours			
Down Time											
Specified zero down time		2	6.2%								
No Response		1	16.2%								
Specified value for down time ³		3	77.6%	0.25 Hours				0.25 Hours			
Annual Training Hours				44.7	44.7	27.9	27.9	59.5	59.5	28.8	28.8
Supervision Hours	per week			9.8	9.8			13.4	13.4		
Incontinence Supplies											
Avg. No. of Clients Receiving	per home			1.9	1.9			1.7	1.9		
Avg. Cost	per day			\$3.75	\$3.75			\$3.03	\$2.84		
Nutritional Supplements											
Avg. No. of Clients Receiving	per home			1.1	1.1			1.3	1.3		
Avg. Cost	per day			\$4.80	\$4.80			\$3.80	\$3.39		

¹ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations)

³ Value where responses are cumulatively at least 50% of responding indicators.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Habilitation, Group Home Productivity Summary

Productivity Measure	Unit	Number of Providers Percent of Providers ¹		Unweighted Average				Average, Weighted by FTEs			
				All Providers		Providers Less Extreme Cases ²		All Providers		Providers Less Extreme Cases ²	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide GH Services		16	64.0%								
Provide Hab, Group Home		13	81.3%								
No. of Clients	per home			3.85	3.85			3.98	3.99		
Home Service Length	years			10.49	10.49			10.15	8.84		
No. of Bedrooms				3.6	3.6			3.8	3.8		
Square Feet / Home				2,102	1,930			1,953	1,919		
Dedicated Vehicles											
Specified "Yes"		12	92.3%								
Specified "No"		1	7.7%								
No Response		0	0.0%								
No. of Vehicles	per home			1.2	1.0			1.1	1.0		
Vehicle Size	per vehicle			6.9	6.5			6.4	6.2		
Avg. Miles Traveled	per month			1,775.5	573.3			2081.4	649.4		
Notes & Medical Records											
Part of direct service time		11	60.0%								
No Response		0	0.0%								
In addition to direct svc time ³		2	40.0%	0.00 Hours							
Down Time											
Specified zero down time		4	16.4%								
No Response		4	57.5%								
Specified value for down time ³		5	26.1%	0.25 Hours							
Annual Training Hours				30.7	30.7	27.9	27.9	29.5	27.5	27.5	26.6
Supervision Hours	per week			9.8	6.0			9.3	5.8		
Incontinence Supplies											
Avg. No. of Clients Receiving	per home			1.4	1.4			1.8	1.9		
Avg. Cost	per day			\$3.49	\$3.49			\$3.61	\$3.61		
Nutritional Supplements											
Avg. No. of Clients Receiving	per home			1.3	1.3			1.5	1.5		
Avg. Cost	per day			\$4.80	\$4.80			\$6.84	\$6.84		

¹ Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

² "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations)

³ Value where responses are cumulatively at least 50% of responding indicators.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Habilitation, Nursing Supported Group Home Productivity Summary

Productivity Measure	Unit			Unweighted Average				Average, Weighted by FTEs ¹			
		Number of Providers	Percent of Providers ²	All Providers		Providers Less Extreme Cases ³		All Providers		Providers Less Extreme Cases	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide GH Services		16	64.0%								
Provide Hab, Nursing GH		1	6.3%								
No. of Clients	per home			5.00	5.00						
Home Service Length	years			8.00	8.00						
No. of Bedrooms				5.0	5.0						
Square Feet / Home				2,200	2,200						
Dedicated Vehicles											
Specified "Yes"		1	100.0%								
Specified "No"		0	0.0%								
No Response		0	0.0%								
No. of Vehicles	per home			1.0	1.0						
Vehicle Size	per vehicle			5.0	5.0						
Avg. Miles Traveled	per month			1,200.0	1200.0						
Notes & Medical Records											
Part of direct service time		1	100.0%								
No Response		0	0.0%								
In addition to direct svc time											
Down Time											
Specified zero down time		1	100.0%								
No Response		0	0.0%								
Specified value for down time											
Annual Training Hours				33.3	33.3	33.3	33.3				
Supervision Hours	per week			40.0	40.0						
Incontinence Supplies											
Avg. No. of Clients Receiving	per home			4.5	4.5						
Avg. Cost	per day			\$3.00	\$3.00						
Nutritional Supplements											
Avg. No. of Clients Receiving	per home			1.0	1.0						
Avg. Cost	per day			\$4.00	\$4.00						

¹ Only one Provider Reported information for HAN

² Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

³ "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations)

Arizona Division of Developmental Disabilities
Provider Survey Data Analyses
All Group Home, Room & Board Productivity Summary

				Unweighted Average											
Productivity Measure	Unit	Number of Providers	Percent of Providers	All Providers											
				1 Bedroom		2 Bedroom		3 Bedroom		4 Bedroom		5 Bedroom		6 Bedroom	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide GH Services		16	64.0%												
Provide Room & Board		16	100.0%												
Avg. Food Costs															
Phoenix Metro Area	per month			\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13	\$233.13
Tucson Area	per month			\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13	\$215.13
Flagstaff Area	per month			\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Rural/Other Areas	per month			\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53	\$233.53
Statewide Average	per month			\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83	\$220.83
Avg. Rent Costs															
Phoenix Metro Area	per month			\$743.67	\$743.67	\$842.46	\$842.46	\$1,281.28	\$1,281.28	\$1,340.05	\$1,340.05	\$1,520.10	\$1,520.10	\$1,732.92	\$1,732.92
Tucson Area	per month			\$587.50	\$558.33	\$800.83	\$800.83	\$1,239.50	\$1,239.50	\$1,441.88	\$1,441.88	\$1,425.00	\$1,425.00	\$2,905.00	\$2,905.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$1,400.00	\$1,400.00	\$1,100.00	\$1,100.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$875.00	\$875.00	\$1,062.33	\$1,062.33	\$1,066.67	\$1,066.67	\$1,183.33	\$1,183.33	\$1,233.33	\$1,233.33	\$1,900.00	\$1,900.00
Statewide Average	per month			\$731.56	\$731.56	\$950.15	\$809.17	\$1,223.42	\$1,223.42	\$1,341.35	\$1,286.47	\$1,400.68	\$1,400.68	\$2,179.31	\$2,179.31
Avg. Utilities Costs															
Phoenix Metro Area	per month			\$123.00	\$123.00	\$242.67	\$242.67	\$319.19	\$319.19	\$413.48	\$413.48	\$444.63	\$444.63	\$356.17	\$356.17
Tucson Area	per month			\$114.00	\$114.00	\$223.67	\$223.67	\$307.33	\$307.33	\$388.38	\$388.38	\$468.75	\$468.75	\$280.00	\$280.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$350.00	\$350.00	\$400.00	\$400.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$196.14	\$196.14	\$257.10	\$257.10	\$371.67	\$371.67	\$370.00	\$370.00	\$530.00	\$530.00	\$555.00	\$555.00
Statewide Average	per month			\$135.66	\$135.66	\$219.62	\$219.62	\$312.65	\$312.65	\$392.06	\$416.33	\$478.85	\$513.17	\$397.06	\$397.06
Avg. Telephone Costs															
Phoenix Metro Area	per month			\$51.00	\$51.00	\$73.75	\$73.75	\$75.97	\$75.97	\$104.52	\$104.52	\$196.19	\$196.19	\$43.17	\$43.17
Tucson Area	per month			\$42.50	\$43.33	\$52.43	\$52.43	\$64.57	\$64.57	\$85.44	\$85.44	\$106.25	\$106.25	\$240.00	\$240.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$40.00	\$40.00	\$40.00	\$40.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$35.63	\$35.63	\$30.13	\$30.13	\$84.00	\$84.00	\$76.33	\$76.33	\$110.35	\$110.35	\$250.00	\$250.00
Statewide Average	per month			\$44.38	\$44.38	\$53.60	\$53.60	\$78.21	\$78.21	\$98.69	\$98.69	\$150.88	\$127.20	\$177.72	\$177.72
Avg. Maintenance Costs															
Phoenix Metro Area	per month			\$58.67	\$58.67	\$134.00	\$134.00	\$266.14	\$266.14	\$347.06	\$347.06	\$303.48	\$303.48	\$517.25	\$517.25
Tucson Area	per month			\$73.75	\$73.75	\$106.43	\$106.43	\$182.14	\$189.17	\$246.89	\$246.89	\$325.75	\$325.75	\$160.00	\$160.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$200.00	\$200.00	\$250.00	\$250.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$71.00	\$71.00	\$78.31	\$78.31	\$235.00	\$235.00	\$338.33	\$338.33	\$468.70	\$468.70	\$788.00	\$788.00
Statewide Average	per month			\$80.50	\$80.50	\$114.41	\$114.41	\$247.22	\$247.22	\$321.35	\$291.58	\$344.80	\$344.80	\$488.42	\$488.42

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 All Group Home, Room & Board Productivity Summary

				Weighted Average											
Productivity Measure	Unit	Number of Providers	Percent of Providers	All Providers											
				1 Bedroom		2 Bedroom		3 Bedroom		4 Bedroom		5 Bedroom		6 Bedroom	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide GH Services		16	64.0%												
Provide Room & Board		16	100.0%												
Avg. Food Costs															
Phoenix Metro Area	per month			\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47	\$237.47
Tucson Area	per month			\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17	\$222.17
Flagstaff Area	per month			\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Rural/Other Areas	per month			\$240.69	\$241.42	\$240.69	\$241.42	\$240.69	\$241.42	\$240.69	\$241.42	\$240.69	\$241.42	\$240.69	\$241.42
Statewide Average	per month			\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24	\$228.24
Avg. Rent Costs															
Phoenix Metro Area	per month			\$698.41	\$698.41	\$808.96	\$808.96	\$1,221.98	\$1,221.98	\$1,345.91	\$1,345.91	\$1,522.74	\$1,522.74	\$1,732.92	\$1,732.92
Tucson Area	per month			\$573.63	\$573.63	\$758.67	\$705.85	\$1,199.55	\$1,160.16	\$1,404.77	\$1,358.79	\$1,593.15	\$1,650.00	\$2,905.00	\$2,905.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$1,400.00	\$1,400.00	\$1,100.00	\$1,100.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$549.95	\$500.00	\$662.63	\$634.57	\$1,093.46	\$1,130.86	\$1,227.25	\$1,280.86	\$1,165.08	\$1,156.29	\$1,900.00	\$1,900.00
Statewide Average	per month			\$619.41	\$610.82	\$774.54	\$764.91	\$1,189.86	\$1,203.40	\$1,361.05	\$1,324.45	\$1,455.06	\$1,486.68	\$1,966.83	\$1,792.85
Avg. Utilities Costs															
Phoenix Metro Area	per month			\$124.69	\$124.69	\$269.42	\$290.56	\$361.30	\$373.50	\$444.16	\$444.16	\$469.49	\$469.49	\$356.17	\$356.17
Tucson Area	per month			\$119.74	\$122.30	\$226.40	\$226.40	\$333.56	\$333.56	\$419.37	\$428.40	\$508.06	\$532.45	\$280.00	\$280.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$350.00	\$350.00	\$400.00	\$400.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$156.15	\$150.00	\$244.83	\$244.83	\$349.11	\$319.94	\$346.22	\$316.48	\$487.58	\$484.37	\$555.00	\$555.00
Statewide Average	per month			\$122.49	\$120.86	\$233.24	\$233.24	\$339.93	\$347.81	\$418.90	\$425.63	\$492.31	\$501.33	\$404.41	\$404.41
Avg. Telephone Costs															
Phoenix Metro Area	per month			\$52.19	\$52.19	\$81.30	\$86.57	\$82.92	\$82.92	\$97.68	\$87.12	\$186.86	\$186.86	\$43.17	\$43.17
Tucson Area	per month			\$41.81	\$40.00	\$67.25	\$67.25	\$76.34	\$76.34	\$92.47	\$79.49	\$96.90	\$96.90	\$240.00	\$240.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$40.00	\$40.00	\$40.00	\$40.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$39.42	\$40.00	\$28.23	\$28.23	\$104.47	\$104.47	\$50.57	\$28.25	\$57.10	\$54.11	\$250.00	\$250.00
Statewide Average	per month			\$46.99	\$47.20	\$66.45	\$66.45	\$88.09	\$88.09	\$96.38	\$87.29	\$147.52	\$120.46	\$136.54	\$136.54
Avg. Maintenance Costs															
Phoenix Metro Area	per month			\$34.64	\$24.13	\$139.07	\$139.07	\$253.22	\$253.22	\$298.10	\$267.22	\$256.50	\$166.22	\$517.25	\$517.25
Tucson Area	per month			\$56.00	\$24.20	\$123.12	\$123.12	\$182.88	\$182.88	\$256.11	\$260.47	\$351.63	\$351.63	\$160.00	\$160.00
Flagstaff Area	per month			N/A	N/A	N/A	N/A	\$200.00	\$200.00	\$250.00	\$250.00	N/A	N/A	N/A	N/A
Rural/Other Areas	per month			\$61.47	\$60.00	\$67.49	\$67.49	\$208.28	\$197.21	\$334.67	\$334.67	\$553.13	\$560.93	\$788.00	\$788.00
Statewide Average	per month			\$61.26	\$34.70	\$124.86	\$124.86	\$236.54	\$203.80	\$301.69	\$278.40	\$327.23	\$327.23	\$543.29	\$543.29

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Professional Productivity Summary

Productivity Measure	Nursing		Home Health Aide	
	Current Model	Proposed	Current Model	Proposed
Number of Visits	--		--	
Average Visit Length	--		--	
On-site Time: "Billable Hours"	8.00		8.00	
Training	--		--	
Notes & Medical Records	0.50		0.50	
Down Time	0.00		0.00	
Travel Time	0.60		0.60	
Number of Missed Appts	--		--	
<i>Productivity Adjustment</i>	<i>1.16</i>		<i>1.16</i>	
Total Mileage Cost				
- Number of Miles	30.0		30.0	
- Amount per Mile	\$0.345	\$0.445	\$0.345	\$0.445

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Nursing Productivity Summary

Productivity Measure	Unit			Unweighted Average				Average, Weighted by FTEs			
				All Providers		Providers Less Extreme Cases ¹		All Providers		Providers Less Extreme Cases ¹	
				With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
Provide Professional Service		1	4.0%								
Provide Nursing		1	100.0%								
Number of Visits	per shift			3.20	3.20			3.20	3.20		
Visit Length	hours			1.00	1.00			1.00	1.00		
Training	hours per year			11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00
Notes & Medical Records											
Part of direct service time		0	0.0%								
In addition to direct svc time	hours per shift ³	1	100.0%	0.25 Hours				0.25 Hours			
Down Time											
Specified zero down time		1	100.0%								
Specified value for down time	hours per shift ³	0	0.0%								
Travel Time	hours per day			0.25	0.25			0.25	0.25		
Travel Distance	miles per day			100.00	100.00			100.00	100.00		
Number of Missed Appts	per week			0.00	0.00			0.00	0.00		
Average Supervision Received	hours per week			1.00	1.00			1.00	1.00		

¹ "Providers Less Extreme Cases" include only providers reporting training no more than 40 hours of training per year (in training calculations) and only providers with calculated ground speed between 5 and 45 mph (in travel time and travel distance calculations).

² Percents for "Notes & Medical Records" and "Down Time" are weighted by FTEs.

³ Value where responses are cumulatively at least 50% of responding indicators.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analyses
 Salary/Wages & Benefits 2006-2007 Adjustments

			Unweighted Average		Average, Weighted by FTEs		Average, Weighted by DD Revenue	
Item	Number of Providers	Percent of Providers	All Providers		All Providers		All Providers	
			With Outliers	Without Outliers	With Outliers	Without Outliers	With Outliers	Without Outliers
2007 Salary Adjustments ¹	24	96.0%						
Step Increase	15	60.0%						
General Compensation Increase	6	24.0%						
Merit Increase	3	12.0%						
2007 Average Salary Adjustment			4.4%	3.9%	4.5%	4.0%	4.3%	4.0%
Health Insurance Adjustments								
Yes	21	84.0%						
No	4	16.0%						
2006 Health Insurance Adjustment			14.5%	14.4%	14.4%	13.7%	14.7%	14.2%
2007 Health Insurance Adjustment			16.8%	16.8%	14.8%	14.8%	15.1%	15.1%
Other Benefits Adjustments								
Yes	15	60.0%						
No	10	40.0%						
2006 Other Benefits Adjustment			10.6%	10.6%	8.2%	6.0%	9.3%	9.4%
2007 Other Benefits Adjustment			7.6%	7.3%	7.6%	7.3%	7.5%	8.5%

¹ Some Providers reported multiple adjustments, the first adjustment reported is reflected here

Division of Developmental Disabilities
SFY08 Rate Rebasing Project

Appendix B

Technical Documentation

December 6, 2007

APPENDIX B

TECHNICAL DOCUMENTATION

THE PROVIDER SURVEY RESULTS, as reported in the findings section, follow from a number of various calculations. Appendix A provides these statistical variations. The Consultant Work Group (CWG) selected one statistic for each question of the survey included in the rate setting consideration as “the answer” to any given survey question. Chosen statistics are believed to be the most representative of all providers.

The following technical documentation explains the calculations ¹ performed to generate results in Appendix A and the findings section of the report. It is intended that readers might be able to understand and replicate the survey results from reading this section. Statistics selected by the CWG, as being the “results” from the survey, are also described in this section.

Administrative & Indirect Expenses

Providers were able to provide information on administrative expenses and indirect expenses in one of two methods: (a) broken out by payer source, or (b) for all payer sources combined. This report focuses on totals of all administrative expenses reported, all indirect expenses reported, and all revenue received. Providers using either reporting method were treated the same in the analysis.

Administrative expenses as a percentage of revenue received, indirect expenses as a percentage of revenue received, and administrative plus indirect expenses as a percentage of revenue received were calculated for each individual provider. Providers reported administration expenses as a percent of total revenue from 5.6% to 99.8% and indirect expenses as a percent of total revenue from 0% to 93.6%. Two smaller providers do not distinguish between administrative and indirect expenses and entered expenses in the administrative areas only.

Providers’ individual percentages were first averaged together as a straight average, then weighted by total revenue reported, weighted by the number of direct service FTEs, and finally weighted by reported DDD revenue. For each calculation method, a number of variations on the set of included providers were considered. Averages are reported for all providers, for providers reporting both administrative and indirect expenses greater than zero, for providers reporting expenses no more than one-half of revenue, and for providers reporting individual expenses (Administrative or Program Support) no greater than 25% of revenue. The reason for excluding responses outside of such ranges is an attempt to narrow responses to viable options. As mentioned above, two providers do not distinguish between administrative and indirect expenses and, thus, reported \$0 indirect expenses and an artificially high amount of administrative expenses. Three other providers reported all revenue being accounted for by administrative and indirect expenses. It was decided to drop these respondents as not being accurate representatives of developmentally disabled (DD) providers.

Finally, averages were calculated including and excluding outliers. The statistic selected by the CWG as the most representative was the weighted average, using Total Revenue, excluding providers that reported expenses of more than one-half of revenue and outliers for this population.

Benefits

Schedule 2 in the survey asked providers about the benefits they provide to direct service staff. Responses are compiled for each provider, averaged and later applied equally to all services.

¹ Most calculations used in this document are standard formulas applied to data, i.e. Straight Average (mean), Standard Deviation and Weighted Average. Also used in the summarizing the data is a “Weighted Standard Deviation” the formula for this calculation is the square root of:

$$\frac{\sum w_i (x_i - \bar{x})^2}{(\sum w_i) - 1}$$

where x_i is the observation, w_i is the associated factor weight and \bar{x} is the weighted average.

Throughout, outliers are determined by data points that are determined to be more than two standard deviations from the average (mean). Approximately 95% of values, when normally distributed, should fall within two standard deviations of the average.

Respondents were first asked whether they provided a benefit to their direct service staff. The percent of providers who offered each benefit (as reported on page 5 of Appendix A) does not account for organization size, but instead equally weights each provider. Providers were asked about offering PTO, EIB, privately funded retirement plans, 401(k)/403(b) plans and health insurance. If a provider reported that they paid a portion of the monthly premium for dental, vision, long-term disability, short-term disability, or an employee assistance program, then that provider was counted as an organization providing that benefit.

Providers could select the corresponding benefit waiting period from a drop-down box of time from start date to more than two years of wait time. Responses were totaled for each possible answer and the waiting period consistent with at least 50% of cumulative responses was selected and reported in page 5 of Appendix A.

Averages for benefit amounts provided were calculated as straight averages, weighted by direct service FTEs, weighted by DD revenue, and (for health insurance) weighted by enrollment. Outliers were included in some runs and excluded from others. The CWG selected averages weighted by DD revenue without outliers as the most representative responses.

Health insurance, dental, vision and an employee assistance program were divided into single coverage, employee and spouse coverage, employee and child coverage, and family coverage. Providers were asked to give the number of employees enrolled in each of these coverage categories, the total monthly premium per employee, and the employer paid portion of this premium. Total monthly employer contribution was calculated (the sum of single enrollees multiplied by employer contribution, employee and spouse enrollees multiplied by employer contribution, employee and child enrollees multiplied by employer contribution, and family enrollees multiplied by employer contribution) and divided by total enrollees to determine a per employee contribution. Data was cleaned such that employer contributions exceeding total monthly premium were revised such that employer contributions were equal to total monthly premium. Only providers reporting a positive employer contribution to a monthly premium were included in the calculations.

Direct Service Staff Job Categories: Wages

For each service category provided (Home & Community Based/Independent Living Services, Day Treatment & Training Services, Developmental Home Services, Group Home Services, and Professional Services) respondents were asked to list the title of each direct service staff position. Along with the staff title, respondents reported annual turnover, position type (employee or contractor), supervisory role, number of full-time equivalents (FTEs), weighted average hourly wages for regular time, FTEs that are overtime hours, weekly hours directly supervised by others, and annual hours of paid training.

Reported average wages for regular time direct service staff were averaged over all providers in a given service, taking into consideration the number of regular time FTE direct staff and the percentage of time spent in the service. Only direct staff employees were included in the wage calculations; contractors were excluded. Though not included in the analysis, data for contractors are included in Appendix C.

In addition to the average wage without overtime, an average wage including overtime was also calculated. While the average wage is weighted by the number of regular FTE hours spent in the service, the average wage with overtime is weighted by the number of total FTE hours spent in the service. Total FTEs include both regular and overtime hours. Both the average wage and the average wage with overtime are presented in the wage summaries of Appendix A.

Any direct service staff's wage that was more than two standard deviations away from the average wage was excluded as an outlier. Outliers were determined for both non-supervisor wages and supervisor wages as well as combined wages. Direct service staff positions that were determined to be outliers are provided in Appendix C.

The wage statistic that was selected by the CWG as most representative was the wage including overtime for all providers (non-supervisors and supervisors combined), with outliers excluded.

Direct Service Staff Job Categories: Supervision, Training and Turnover

Other questions asked specifically of each job title include hours of supervision, training hours and annual turnover. As with wages, these statistics must be weighted by the number of FTE hours spent in each service in order to generate averages by service category.

Providers were asked to estimate the annual turnover for a provided job class. Answers given are annual percents in the range categories:

- less than 20%
- 21–40%
- 41–60%
- 61–80%
- 81–100%
- 101–120%
- 121–140%
- 141–160%
- 161–180%
- 181–200%
- more than 200%.

The category corresponding with 50% or more of the cumulative responses was the category selected as the most representative of the turnover for direct staff. These results are presented in various figures in the report as well as in Appendix A. Although the percents are informative and may affect some factors such as employee related expenses, they are not used in the rate setting tool.

The weekly hours each employee is directly supervised is also asked of all direct service staff positions. Supervisors and non-supervisors are asked this question and both are included in analysis. Contractors are not included. The average number of hours is weighted by the number of FTE hours in the service. Outliers, more than two standard deviations from the mean are excluded.

An average is also calculated for annual hours of paid training provided per employee. As with the average of supervision hours, the average of hours of paid training is weighted by FTE hours in the service. It excludes contractors and outliers. Both supervisors and non-supervisors are included in calculating averages.

Annual training hours are also asked in the productivity section of the survey. While it is first asked of each direct service staff job title (as described in the paragraph above), it is later asked of each specific service. There are other differences between these two occurrences of training questions explained in more detail in the productivity questions documentation section. However, when responses are compared on a daily basis and rounded, the results are similar.

Productivity: All Services

In each productivity summary, the number of responding providers who answered service related questions is provided. These numbers may not correspond with the counts provided on page 1 of Appendix A. Counts of providers submitting surveys (by service area) on page 1 of Appendix A come from the AZ DDD claims database. Counts of providers in the report findings and productivity summaries of Appendix A represent the number of respondents who answered at least one question in the productivity section of the survey.

Straight averages and weighted averages were calculated for all productivity questions which allowed numeric responses. Weighted averages factor in the number of direct service staff FTE hours in the service. Direct service staff FTE hours are calculated the same as in the wage section (the number of reported FTEs multiplied by the percentage of time spent in the service). However, in the productivity section, FTE hours for each job title are summed to find a total by provider.

Averages are also calculated with and without outliers. In general, the CWG selected the weighted average without outliers as the statistic that is the most representative value.

Additional statistics provided in the productivity summaries include subsets of respondents. These subsets exclude providers with a shift length error or providers with extreme responses. More information on these subset groups is provided in the service specific productivity section.

Productivity: Home & Community Based Services

Straight averages and weighted averages for Home & Community Based Services were run for all responding providers, for “providers less shift length error” and, in some cases, for “providers less extreme cases.” “Providers less shift length error” excludes providers who reported a shift length of less than six hours or more than nine hours, where shift length is calculated by the average number of visits per shift multiplied by the average visit length. Respite, Continuous services uses a shift length error of responses in excess of 24 hours. Averages were calculated for all productivity questions of this provider subset. The reason for considering

“providers less shift length error” is that providers with abnormally short or long shifts might skew hours of non-billable activities also. In order to standardize to a work day of eight hours (or 24 hours for Respite, Continuous services), providers with very short or very long shifts were excluded. This subgroup of providers was selected as the best set of statistics by the CWG.

The first productivity questions asked of providers of HCB Services were the average number of visits per shift and the average visit length. While these values were multiplied for each provider to determine shift length errors, averages were also found for responses to both questions. The findings section of the report (Figure 3) presents the weighted average for visit length, without outliers, of providers less shift length error. It also shows “direct service time,” which is visit length (averaged over providers) times the number of visits (averaged over providers).

Training questions in the productivity section consisted of annual training time provided by employer for the first year and annual training time provided by employer after the first year. Responses were given as annual hours of training per staff. Values from these two questions were combined to compute an average annual training time, with the first year excess amortized over a three-year period. More specifically, the computed average annual training hours equals the sum of the first year training hours and double the training hours for subsequent years divided by three. Average annual training hours are presented in the productivity summaries of Appendix A.

Average training hours were calculated not only for all providers and providers less shift length error, but also for providers with no more than 40 hours of annual training. This third group of providers is presented in Appendix A, productivity summaries, “Providers Less Extreme Cases.” Although the results are presented in Appendix A for comparison purposes, these averages were not selected by the CWG as the most appropriate.

Annual training hours are divided by 260 in order to convert to a daily value (assuming an eight-hour shift and 2,080 hours per year). These values are presented on page 22 of Appendix A along with the daily training time reported by job classification. Results of daily training as calculated in the productivity section differ somewhat from the daily training calculations at the job title level. Rounding to the nearest 0.05 of an hour, discrepancies are minimized. In the situation where there is not an agreement between the daily training hours reported by job classification and in the productivity section, the productivity section value is selected. This calculation directly ties to the service area and is thus assumed to be more reliable. The selected value for daily training hours are presented in Table 7 of the report findings.

Respondents were asked in the survey whether notes and medical records are included in direct service time. The number of “yes” and “no” responses to this question is provided in the productivity summaries of Appendix A. The corresponding percentage of responses are weighted by FTE. If the majority of providers (weighted by FTE) did include notes and medical records in direct service time, then zero hours of notes and medical records were included in non-billable activities in Table 7. The number of hours spent on notes and medical records were considered only for those providers who did not include them in direct service time. The discrete value corresponding with 50% or more of cumulative responses was reported. If more than half of providers did not include notes and medical records in direct service time, then the reported value corresponding with half of the cumulative responses was chosen.

Hours of down time was also a discrete variable. The value corresponding with half of the cumulative responses was selected as the number of hours included in non-billable activities of Table 7. Productivity summary sections in Appendix A present the number of respondents specifying zero down time and more than zero hours of down time.

Total daily time and distance spent traveling to, between and from clients was next asked of respondents providing HCB Services. Averages were calculated for all providers, for providers less shift length error, and for providers less extreme cases. *Extreme cases* are considered responses where the calculated ground speed (distance traveled divided by time traveling) is less than five miles per hour or exceeds 45 miles per hour. Travel statistics selected by the CWG were the weighted averages, without outliers, of providers less shift length error.

Selected travel hours per day were rounded to the nearest 0.05 of an hour and reported in Table 7 as non-billable activities. The average number of miles traveled per day is presented in Figure 4. The model used to generate rates reimburses for both travel time and miles.

HCBS providers were also asked the average number of missed appointments encountered per week. As with the other productivity statistics, the chosen value for missed appointments was the weighted average, excluding outliers, of providers less shift length error. The selected value for number of missed appointments was converted to an hourly figure by multiplying by the average visit length and dividing by five work days in a week. This calculation is broken down on page 22 of Appendix A.

Summing the daily hours from training, notes and medical records, down time, travel time, and missed appointments results in the total non-billed activities for HCB Services. An eight-hour work day is assumed, and billable time is calculated by subtracting the total non-billable hours from eight. Dividing eight hours by the number of billable hours in a day yields the productivity adjustments in Table 7 of the report findings. The productivity adjustment is used in the rate calculation model to account for staff time that is spent in non-billable activities.

Rate feedback questions are asked in Schedule HB4 of the provider survey. The current rate (SFY 2006) for each HCB Service is presented, and providers are asked whether they believe the rate is too low, too high or appropriate. They are also asked to provide rates that they believe are more appropriate and the priority (on a scale from 1 to 10) for which the individual rates/services should receive consideration for review. Table 8 of the report presents the current rate and average suggested rate for each HCB Service. The average rate is found by taking a straight average of all providers responding to the question.

Productivity: Day Treatment and Training Services

Straight averages and weighted averages for Adult Day Treatment & Training Services were run for all responding providers and for providers less operating days error. *Providers less operating days error* excludes providers who reported the annual number of program operating days to be less than 200. Averages were calculated for all productivity questions of this provider subset. The reason for considering “providers less operating days error” is that providers with fewer than 200 operating days may be new programs that recently started providing services and might skew results of established, year-round providers. The CWG selected this subgroup of providers as the best set of statistics for Adult Day Treatment & Training Services. It does not apply to Child Day Treatment & Training Services, however, since programs for children are divided between summer programs and after-school programs.

The first productivity questions asked of providers of Day Treatment & Training Services pertained to the number of days per year the program operates and the typical annual attendance for a client. Days per year of program operation was used to determine “providers less operating days error” for Adult Day Treatment & Training Services as described above. Two providers were eliminated from the calculations of both facility based and community based Adult Day Treatment & Training Services because they did not operate for at least 200 days in SFY 2006.

The average used for Adult Day Treatment & Training Services was the weighted average, outliers excluded, of providers with at least 200 annual operating days. All providers were included in the Child Day Treatment & Training Services weighted average with outliers excluded. Figure 6 of the findings section of the report presents these statistics.

Respondents were next asked to provide the average length of a typical program, the average scheduled group size, the average participating group size, and the average number of staff present. Dividing the reported scheduled group size less the participating group size by the scheduled group size, we get an absentee rate. Dividing the participating group size by the number of staff present, we get the number of clients per staff member. The number of clients per staff member is presented as a staff-to-client ratio along with the absence factor and the hours of typical program, scheduled group size, participating group size, and number of staff present in each Day Treatment & Training productivity summary of Appendix A.

Extreme values were determined for the absentee rate and for the staff-to-client ratio. Providers with an absence factor of more than 25% were excluded from a set of calculations while providers with a staff-to-client

ratio of less than 1:2.5 were excluded from a second set of calculations. Averages produced for these two subgroups were calculated for hours of typical program, scheduled group size, participating group size, absence factor, number of staff present, and staff-to-client ratio. Results are presented in Appendix A. The averages calculated for providers with an absence factor of no more than 25% were the selected averages of Child Day Treatment and Training services.

Averages presented in Figure 7 through Figure 9 of the report findings are for Adult Day Treatment programs operating at least 200 days per year and for Child Day Treatment programs with an absentee rate of 25% or less.

Training questions in the productivity section consisted of annual training time provided by employer for the first year and annual training time provided by employer after the first year. Responses were given as annual hours of training per staff. Values from these two questions were combined to compute an average annual training time, with the first year excess amortized over a three year period. More specifically, the computed average annual training hours equals the sum of the first year training hours and double the training hours for subsequent years, divided by three. Average annual training hours are presented in the productivity summaries of Appendix A.

Average training hours were also calculated for providers with no more than 40 hours of annual training. Results are presented in Appendix A, productivity summaries, the first column of “providers less extreme cases.” The results are presented in Appendix A for comparison purposes only in Adult Treatment and Training Services. However, these averages were selected by the CWG as the most appropriate in Child Treatment and Training Services.

Annual training hours are divided by 260 in order to convert to a daily value (assuming an eight-hour shift and 2,080 hours per year). These values are presented on page 22 of Appendix A along with the daily training time reported by job classification. Results of daily training as calculated in the productivity section differ somewhat from the daily training calculations at the job title level. Rounding to the nearest 0.05 of an hour, discrepancies are minimized. In the situation when there is not an agreement between the daily training hours reported by job classification and in the productivity section, the productivity section value is selected. This calculation directly ties to the service area and is thus assumed to be more reliable. The selected values for daily training hours are presented in Table 12 of the report findings.

Respondents were asked in the survey whether notes and medical records are included in direct service time. The number of “yes” and “no” responses to this question is provided in the productivity summaries of Appendix A. The corresponding percent of responses are weighted by FTEs. If the majority of providers (weighted by FTEs) did include notes and medical records in direct service time, then zero hours of notes and medical records were included in non-billable activities in Table 12. The number of hours spent on notes and medical records were considered only for those providers who did not include them in direct service time. The discrete value corresponding with 50% of cumulative responses was reported. If more than half of providers did not include notes and medical records in direct service time, then the reported value corresponding with half of the cumulative responses was chosen.

Also included in non-billable activity is facility preparation time, hours of set up and take down per staff member. Responses for facility prep time were selected from a drop-down box in the survey with possible answers being: 0 hours, 0.25, 0.50, 0.75, 1.0, 1.25, 1.50, > 1.50 hours. As with hours of notes and medical records, the value corresponding with 50% of cumulative responses was selected as the value in Appendix A and Table 12.

Hours of down time was also a discrete variable utilizing the same values as notes and medical records and facility prep time. The value corresponding with half of the cumulative responses was selected as the number of hours included in non-billable activities of Table 12. Productivity summary sections in Appendix A present the number of respondents specifying zero down time and more than zero hours of down time.

Travel time is the final activity included in non-billable activities. Respondents were asked the average time spent traveling per staff member engaged in transport of clients both to and from programs. They were also asked the number of staff solely dedicated to transportation. Averages were calculated for hours staff in transport and number of staff in transport and were presented in Appendix A productivity summaries. Travel

statistics selected by the CWG were the weighted averages, without outliers, of all Child Day Treatment providers and of Adult Treatment providers with at least 200 operating days per year.

Since travel time was reported for only staff involved with transportation, selected travel hours per day was spread across all direct service staff. Hours in staff transport was multiplied by the ratio of number of staff in transport to number of staff present. Resulting travel hours can be figure in to all direct service staff time. Values were rounded to the nearest 0.05 of an hour and reported in Table 12 as non-billable activities.

Summing the daily hours from training, notes and medical records, facility prep time, down time, and travel time results in the total non-billed activities for Day Treatment & Training Services. An eight-hour work day is assumed and billable time is calculated by subtracting the total non-billable hours from eight (8). Dividing eight hours by the number of billable hours in a day yields the productivity adjustments in Table 12 of the report findings. The productivity adjustment is used in the rate calculation model to account for staff time that is spent in non-billable activities.

Figures 10 thru 12 of the report findings present average values to other transportation questions asked in the survey: percent of clients receiving transportation to and from program, number of daily miles traveled to and from programs, and number of weekly outings. Averages correspond with a weighted average, outliers excluded, of all Child Day Treatment providers and of Adult Day Treatment providers with at least 200 operating days per year.

Travel time and distance are both included in the rate determination model. Page 32 of Appendix A includes the values used for travel time and distance. Travel time is part of non-billable activities and it is calculated as described above. It incorporates time spent transporting clients to and from the program and spreads this time over all direct service staff. Number of miles traveled accounts for travel associated with outings. Multiplying the average miles traveled for outings by the number of outings per week divided by 5 days per week gives us the number of miles presented on page 32. Adult and Child Day Treatment and Training services on page 32 reflect facility based values.

Providers of Day Treatment & Training Services were also asked about food costs, supply costs, and operating costs associated with their services. Average snack and meal costs per client were calculated for all providers of Child Day Treatment Services. Values for snacks/meals and supply costs were provided on a daily basis. Approximate operating costs (including rent) were provided per square foot. Providers with an operating cost per square foot more than \$25 were excluded from one set of averages calculated. The selected operating cost average for Adult Day Treatment services included providers with at least 200 operating days. The one selected for Child Day Treatment services included only providers with an operating cost of \$25 or less per square foot. Multiplying the average operating costs per square foot by the average square footage per client results in an operating cost per client. This operating cost per client is presented in Table 13 along with daily food costs and supply costs.

Rate feedback questions are asked in Schedule DT4 of the provider survey. The current rate (SFY 2006) for each Day Treatment & Training Service is presented and providers are asked whether they believe the rate is too low, too high, or appropriate. Rates for Day Treatment and Training Services are divided by staff-to-client ratio groupings.

Providers are also asked for the rates that they believe would be more appropriate and the priority (on a scale from 1 to 10) for which the individual rates/services should receive consideration for review. Table 14 of the report presents the current rate and average suggested rate for each Day Treatment & Training Service. The average rate is found by taking a straight average of all providers responding to the question.

Productivity: Developmental Home Services

Straight averages and weighted averages for Developmental Home Services were run for all responding providers and for “providers less extreme cases” in some factors. In general, the average selected as the most representative of Developmental Home providers was the average of all providers, weighted by FTEs, and excluding outliers. In the productivity factors where extreme cases were found, the selected average included only those providers whose responses were not extreme values (these situations are described in more detail in the specific productivity measures below where applicable).

All productivity questions were asked of Vendor Supported Developmental Homes for children, adults and room and board. Responses to Child Developmental Homes and Adult Developmental Homes only are considered in the analysis. Two providers responded in the column of the survey for Developmental Home, Room and board. These providers also responded to Developmental Home questions in at least one other column (for children and/or adults) and are captured there. Complete responses to the Room and board questions are presented on page 41 of Appendix A. Otherwise, results focus on Child Developmental Home and Adult Developmental Home services.

The first productivity questions asked of providers of Developmental Home Services were the typical number of years a family home provided services, the typical number of clients in the home, and the average client caseload per staff that supervise/monitor homes. Number of clients in the home was reported on a per day basis and average client caseload per staff was reported on an annual basis. The average used for Developmental Home services was the weighted average, outliers excluded, of all providers.

Respondents were next asked whether each client typically has his/her own bedroom, the typical number of clients per bedroom, and the approximate square footage of each bedroom. All respondents reported that clients do have their own bedroom. Average square footage per bedroom is reported in the productivity summaries of Appendix A. The weighted average without outliers is also reported in the report findings.

Table 18 in the report findings presents the annual number of supervision/monitoring visits, the number of hours per supervision/monitoring visit, and the miles traveled per visit. These questions were asked of qualified vendors of Developmental Homes. The values presented in the table correspond with the weighted average of all providers, less outliers.

Annual hours of Habilitation, Attendant Care, and Respite services were provided by qualified vendors of Developmental Homes. In addition to averages for all providers of Developmental Home services, averages were also calculated for providers with no more than 300 hours per client of Habilitation and no more than 300 hours of Attendant Care services. Totaling the hours per client reported for Habilitation, Attendant Care, and Respite services results in more than 2,080 hours for some providers. Assuming that there are 2,080 hours in a typical work year, these responses must be in error (perhaps reported for all clients instead of per client). The weighted average selected in the report, therefore, excludes responses with excessively high amounts of Habilitation or Attendant Care.

Training time provided by qualified vendors was divided between the first year after certification and subsequent years after the first year. Respondents provided the annual hours of training provided to homes for both the first year and for years after the first one. Averages were calculated for all providers of Developmental Homes and for providers reporting no more than 40 hours of annual training. Providers with more than 40 hours of training per year are considered to be "extreme cases" and excluded from the calculation of the selected average. Table 19 in the report presents the weighted averages of annual training provided per home for the first year and following years.

Respondents were asked to provide the average number of miles traveled on behalf of the client by the developmental home. Miles traveled were reported per month and presented as a monthly amount in Figure 16. The weighted average, excluding outliers of all providers of Developmental Homes was selected as the most representative statistic for miles traveled.

Providers of Developmental Home Services were also asked about room and board expenses: costs for rent and for food. Values for food costs were provided on a monthly basis per client. Approximate rent costs were also provided on a monthly basis per bedroom. Providers with monthly rent costs of more than \$200 per bedroom were excluded from both the rent and food cost averages. The selected averages for monthly rent and food costs of Developmental Homes included only providers with no more than \$200 in monthly rent.

Although rent costs were reported on a monthly basis per bedroom, the average rent cost was converted to an annual value per square foot. The weighted average monthly rent (of providers with no more than \$200 rent costs) was multiplied by 12 and divided by the average square footage per bedroom. Food costs were converted from a monthly amount to a daily amount by dividing by 30.4 (the average number of days per month). Table 20 presents the average annual rent per square foot and the daily food cost per client of Adult and Child Developmental Homes.

Rate feedback questions are asked in Schedule DH4 of the provider survey. The current rate (SFY 2006) for each Developmental Home Service is presented and providers are asked whether they believe the rate is too low, too high, or appropriate. Rates include Adult Developmental Homes, Child Developmental Homes, and Room and board.

Providers are also asked for the rates that they feel would be more appropriate and the priority (on a scale from 1 to 10) for which the individual rates/services should receive consideration for review. Table 21 of the report presents the current rate and average suggested rate for each Developmental Home Service. The average rate is found by taking a straight average of all providers responding to the question.

Productivity: Group Home Services

Straight averages and weighted averages for Group Home services were run for all responding providers. Special runs for “providers less extreme cases” only apply to annual training hours in Group Home services. In all other Group Home productivity factors, the average selected as the most representative was the average of all providers, weighted by FTEs, and excluding outliers.

Productivity questions such as number of clients, down time, training time, and supply costs were asked of three types of Group Home services: Habilitation, Community Protection and Treatment Group Homes; Habilitation, Group Homes; and Habilitation, Nursing Supported Group Homes. Room and Board questions were asked of all types of Group Homes, differentiated by size and location.

The first productivity questions asked of providers of Group Home Services included:

- typical number of clients in the home,
- typical number of years a home provides service, and
- typical number of bedrooms in the home for clients.

Figure 18 presents the average number of clients and the average number of bedrooms in a Group Home. The averages used for Group Home services were weighted averages, outliers excluded, including all providers.

Respondents were next asked whether there are dedicated vehicles for each Group Home and, if so, how many on average. Nearly all respondents reported that at least one vehicle is available per home. One provider responded “No” to the dedicated vehicle question but then provided the number of vehicles available for each home. The weighted average of the number of vehicles per home is presented in the productivity summaries of Appendix A.

The average number of miles traveled on behalf of clients of Group Homes is presented in Figure 19. Miles traveled was reported on a monthly basis per vehicle. In the Group Home Productivity Summary of Appendix A (page 46), miles are converted to a per shift hour basis.

Table 25 in the report findings presents the hours of non-billable activities and the resulting productivity adjustment accounting for these hours. Non-billable activities for Group Home services staff include training, notes and medical records, and down time.

Training questions in the productivity section consisted of annual training time provided by employer for the first year and annual training time provided by employer after the first year. Responses were given as annual hours of training per staff. Values from these two questions were combined to compute an average annual training time, with the first year excess amortized over a three year period. More specifically, the computed average annual training hours equals the sum of the first year training hours and double the training hours for subsequent years divided by three. Average annual training hours are presented in the productivity summaries of Appendix A.

Average training hours were calculated for all providers and for providers with no more than 40 hours of annual training. The weighted average of providers with no more than 40 hours of training time was selected by the CWG as the most appropriate in Group Home services.

Annual training hours are divided by 260 in order to convert to a daily value (assuming an eight-hour shift and 2,080 hours per year). These values are presented on page 22 of Appendix A, along with the daily training time reported by job classification. Results of daily training as calculated in the productivity section differ

somewhat from the daily training calculations at the job title level, even when rounded to the nearest 0.05 of an hour. The productivity section value is selected since it directly ties to the service area and is assumed to be more reliable. The selected values for daily training hours are presented in Table 25 of the report findings.

Respondents were asked in the survey whether notes and medical records are included in direct service time or not. The number of “yes” and “no” responses to this question is provided in the productivity summaries of Appendix A. The corresponding percent of responses are weighted by FTEs. Since the majority of providers (weighted by FTE) did include notes and medical records in direct service time, zero hours of notes and medical records were included in non-billable activities in Table 25.

Also included in non-billable activity are hours of down time. Responses for down time were selected from a drop-down box in the survey with possible answers being: 0 hours, 0.25, 0.50, 0.75, 1.0, 1.25, 1.50, > 1.50 hours. The value corresponding with half of the cumulative responses was selected as the number of hours included in non-billable activities of Table 25. Productivity summary sections in Appendix A present the number of respondents who specified zero down time, those who specified more than zero hours of down time, and those who did not respond to the question on down time.

Summing the daily hours from training, notes and medical records, and down time results in the total non-billed activities for Group Home Services. An eight-hour work day is assumed and billable time is calculated by subtracting the total non-billable hours from eight. Dividing eight hours by the number of billable hours in a day yields the productivity adjustments in Table 25 of the report findings. The productivity adjustment is used in the rate calculation model to account for staff time that is spent in non-billable activities.

Respondents were asked to provide the typical number of clients per home receiving incontinence supplies and the typical number of clients per home receiving nutritional supplements. Per-client cost of incontinence supplies and nutritional supplements was also asked of respondents. Figure 20 shows the percent of clients receiving incontinence supplies and the percent receiving nutritional supplements in Group Homes. Percents are equal to the average number of clients per home receiving supplies divided by the average number of clients typically in a home, where averages are the weighted averages of providers less outliers.

Providers of Group Home Services were also asked about room and board expenses, including food, rent, utilities, telephone, and maintenance. Expenses were divided by location (Phoenix metro, Tucson area, Flagstaff area, and rural/other areas) and by number of bedrooms in the group home. Food costs were provided on a monthly basis per client. All other room and board expenses (rent, utilities, phone, and maintenance) were provided on a monthly basis per home.

Averages of room and board expenses were calculated for all Group Home providers, unweighted and weighted by FTEs, with and without outliers. As in the other Group Home productivity factors, the weighted average without outliers was selected as the most representative of actual room and board expenses. Table 26 presents the chosen averages of room and board expenses by location and home size.

Also included in Table 26 are the “blended rates” for room and board expenses. These values combine expenses from food, rent utilities, telephone, and maintenance to get one average for room and board expenses by location and home size.

Rate feedback questions are asked in Schedule GH4 of the provider survey. The current rate (SFY 2006) for each Group Home Service is presented and providers are asked whether they believe the rate is too low, too high, or appropriate. Rates include Community Protection and Treatment Group Home, Group Home, and Nursing Supported Group Home (Levels I, II and III). Providers are also asked for the rates that they believe would be more appropriate and the priority (on a scale from 1 to 10) for which the individual rates/services should receive consideration for review. Table 27 of the report presents the current rate and average suggested rate for each Group Home Service. The average rate is found by taking a straight average of all providers responding to the question.

Productivity: Professional Services

Productivity questions asked of Professional Services, including Nursing and Home Health Aide, are the same as the questions asked of Home & Community Based Services. However, only one respondent reported providing Nursing services and no respondents provide Home Health Aide services. Therefore, it does not

make sense to calculate averages, weight responses, exclude outliers or exclude extreme cases. Instead, the responses given by the one provider of Nursing services are directly reported in the productivity summary of Appendix A.

Rates for Professional Services are not being assessed as the other services are. Instead, reported values for Professional Services are provided in the report for informational purposes only. Values included in the current model are complete on page 48 of Appendix A; however, no proposed values are given on that page.

The first productivity questions asked of providers of Professional Services were the average number of visits per shift and the average visit length. Figure 21 in the findings section of the report presents the visit length and the direct service time, where direct service time is visit length times the number of visits.

Training questions in the productivity section consisted of annual training time provided by employer for the first year and annual training time provided by employer after the first year. Responses were given as annual hours of training per staff. Values from these two questions were combined to compute an average annual training time, with the first year excess amortized over a three year period. More specifically, the computed average annual training hours equals the sum of the first year training hours and double the training hours for subsequent years divided by three. The annual training hours are presented in the productivity summary of Appendix A.

Annual training hours are divided by 260 in order to convert to a daily value (assuming an eight-hour shift and 2,080 hours per year). This value is presented on page 22 of Appendix A along with the daily training time reported by job classification. Results of daily training as calculated in the productivity section differ somewhat from the daily training calculations at the job title level. The productivity section value is selected over the job classification value as it directly ties to the service area and is assumed to be more reliable. The selected value for daily training hours is rounded to the nearest 0.05 of an hour and presented in Table 28 of the report findings.

Respondents were asked in the survey whether notes and medical records are included in direct service time. The one respondent of Nursing Services indicated that notes and medical records are not included in direct service time. Thus, the number of hours reported for notes and medical records is included in non-billable activities in Table 28.

Hours of down time was also a discrete variable. Responses could be selected from a drop-down box in the survey with possible answers being: 0 hours, 0.25, 0.50, 0.75, 1.0, 1.25, 1.50, > 1.50 hours. The one responding provider indicated 0 hours of down time.

Total daily time and distance spent traveling between and from clients was next asked of respondents providing Professional Services. Travel hours per day was rounded to the nearest 0.05 of an hour and reported in Table 28 as a non-billable activity. The average number of miles traveled per day, as reported by the one respondent, is presented in the productivity summary of Appendix A and the report findings text.

Professional Service providers were also asked the average number of missed appointments encountered per week. No appointments were reported to have been missed by the Nursing provider.

Summing the daily hours from training, notes and medical records, down time, travel time, and missed appointments results in the total non-billed activities for Professional Services. An eight-hour work day is assumed, and billable time is calculated by subtracting the total non-billable hours from eight. Dividing eight hours by the number of billable hours in a day yields the productivity adjustments in Table 28 of the report findings.

Rate feedback questions for Nursing and Home Health Aide are asked in Schedule PR4 of the provider survey. The current rate (SFY 2006) for each Professional Service is presented and providers are asked whether they believe the rate is too low, too high, or appropriate. They are also asked to provide rates that they feel are more appropriate and the priority (on a scale from 1 to 10) for which the individual rates/services should receive consideration for review. Table 29 of the report presents the current rate and average suggested rate for each Professional Service. Again, only one provider responded to Professional Services questions and answers are directly reported.

Division of Developmental Disabilities
SFY08 Rate Rebasing Project

Appendix C
Provider Survey Responses
Tabular Presentation

February 2008

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**Provider Survey Data
Administrative Overhead,
Indirect Program & Hiring Expenses**

Arizona Division of Developmental Disabilities
 Analysis of Administrative & Indirect Costs Reported
 Raw Data Reported by Providers

Admin/Indirect Totals Reported by Providers

Provider	Revenue, Total	Revenue, DDD	Total Admin	Total Indirect	Hiring Expense	FOCUS Pmts	Var	Var
Provider # 116	\$1,456,000	\$1,420,000	\$133,135	\$431,080	\$41,272	\$1,158,613	\$261,387	22.6%
Provider # 32	\$15,089,070	\$12,989,118	\$2,143,752	\$2,358,300	\$142,344	\$11,991,459	\$997,659	8.3%
Provider # 378	\$36,288,939	\$32,043,358	\$6,294,303	\$2,587,376	\$1,627	\$26,465,154	\$5,578,204	21.1%
Provider # 394	\$17,119,476	\$7,793,705	\$1,680,181	\$812,391	\$170,165	\$7,894,973	(\$101,268)	-1.3%
Provider # 383	\$4,931,566	\$4,910,566	\$312,352	\$274,391	\$151,129	\$3,857,821	\$1,052,745	27.3%
Provider # 48	\$4,979,447	\$4,482,238	\$414,810	\$652,760	\$152,358	\$4,436,109	\$46,129	1.0%
Provider # 64	\$32,252,034	\$26,869,170	\$3,069,147	\$3,557,842	\$499,305	\$24,330,550	\$2,538,620	10.4%
Provider # 492	\$26,563,586	\$18,570,171	\$1,599,908	\$24,874,256	\$580,256	\$17,997,980	\$572,190	3.2%
Provider # 96	\$5,556,368	\$5,191,221	\$884,967	\$730,262	\$46,534	\$3,746,627	\$1,444,595	38.6%
Provider # 234	\$2,449,228	\$2,449,228	\$517,940	\$670,453	\$147,346	\$2,311,489	\$137,739	6.0%
Provider # 244	\$7,804,282	\$7,804,282	\$916,721	\$823,392	\$112,329	\$6,426,739	\$1,377,543	21.4%
Provider # 85	\$18,200,496	\$9,588,071	\$2,743,623	\$2,575,092	\$176,872	\$9,270,984	\$317,087	3.4%
Provider # 232	\$4,756,076	\$2,200,000	\$1,617,985	\$201,622	\$79,003	\$2,018,575	\$181,425	9.0%
Provider # 359	\$6,435,216	\$830,687	\$6,422,099	\$0	\$52,593	\$570,693	\$259,994	45.6%
Provider # 20	\$1,172,073	\$1,120,744	\$133,741	\$1,009,028	\$3,325	\$1,164,431	(\$43,687)	-3.8%
Provider # 9	\$437,323	\$435,845	\$73,926	\$47,802	\$13,479	\$334,171	\$101,674	30.4%
Provider # 352	\$4,039,655	\$3,982,931	\$648,070	\$131,871	\$2,196	\$4,097,838	(\$114,907)	-2.8%
Provider # 176	\$1,428,610	\$1,100,960	\$326,091	\$1,059,418	\$64,997	\$1,099,011	\$1,949	0.2%
Provider # 219	\$17,192,850	\$10,679,112	\$2,060,070	\$1,236,427	\$387,147	\$11,484,436	(\$805,324)	-7.0%
Provider # 381	\$2,894,421	\$43,917	\$420,702	\$0	\$2,021	\$37,448	\$6,469	17.3%
Provider # 349	\$8,655,635	\$8,655,635	\$486,275	\$351,917	\$69,579	\$8,668,858	(\$13,223)	-0.2%
Provider # 235	\$4,485,400	\$4,480,800	\$1,054,500	\$145,300	\$64,800	\$4,271,662	\$209,138	4.9%
Provider # 1	\$3,149,665	\$2,916,146	\$439,812	\$406,463	\$46,552	\$2,661,078	\$255,068	9.6%
Provider # 67	\$12,845,023	\$10,633,702	\$1,021,756	\$915,322	\$272,439	\$10,151,938	\$481,764	4.7%
Provider # 132	\$18,107,944	\$17,616,622	\$1,348,736	\$2,533,269	\$550,151	\$16,421,672	\$1,194,950	7.3%

Arizona Division of Developmental Disabilities
Analysis of Administrative & Indirect Costs Reported
Raw Data Reported by Providers

Admin/Indirect Percentages

Provider	Revenue, Total	Total Admin	Percent, Admin	Total Indirect	Percent, Indirect	Percent, Admin/Indirect
Provider # 116	\$1,456,000	\$133,135	9.14%	\$431,080	29.61%	38.75%
Provider # 32	\$15,089,070	\$2,143,752	14.21%	\$2,358,300	15.63%	29.84%
Provider # 378	\$36,288,939	\$6,294,303	17.34%	\$2,587,376	7.13%	24.47%
Provider # 394	\$17,119,476	\$1,680,181	9.81%	\$812,391	4.75%	14.56%
Provider # 383	\$4,931,566	\$312,352	6.33%	\$274,391	5.56%	11.90%
Provider # 48	\$4,979,447	\$414,810	8.33%	\$652,760	13.11%	21.44%
Provider # 64	\$32,252,034	\$3,069,147	9.52%	\$3,557,842	11.03%	20.55%
Provider # 492	\$26,563,586	\$1,599,908	6.02%	\$24,874,256	93.64%	99.66%
Provider # 96	\$5,556,368	\$884,967	15.93%	\$730,262	13.14%	29.07%
Provider # 234	\$2,449,228	\$517,940	21.15%	\$670,453	27.37%	48.52%
Provider # 244	\$7,804,282	\$916,721	11.75%	\$823,392	10.55%	22.30%
Provider # 85	\$18,200,496	\$2,743,623	15.07%	\$2,575,092	14.15%	29.22%
Provider # 232	\$4,756,076	\$1,617,985	34.02%	\$201,622	4.24%	38.26%
Provider # 359	\$6,435,216	\$6,422,099	99.80%	\$0	0.00%	99.80%
Provider # 20	\$1,172,073	\$133,741	11.41%	\$1,009,028	86.09%	97.50%
Provider # 9	\$437,323	\$73,926	16.90%	\$47,802	10.93%	27.83%
Provider # 352	\$4,039,655	\$648,070	16.04%	\$131,871	3.26%	19.31%
Provider # 176	\$1,428,610	\$326,091	22.83%	\$1,059,418	74.16%	96.98%
Provider # 219	\$17,192,850	\$2,060,070	11.98%	\$1,236,427	7.19%	19.17%
Provider # 381	\$2,894,421	\$420,702	14.53%	\$0	0.00%	14.53%
Provider # 349	\$8,655,635	\$486,275	5.62%	\$351,917	4.07%	9.68%
Provider # 235	\$4,485,400	\$1,054,500	23.51%	\$145,300	3.24%	26.75%
Provider # 1	\$3,149,665	\$439,812	13.96%	\$406,463	12.90%	26.87%
Provider # 67	\$12,845,023	\$1,021,756	7.95%	\$915,322	7.13%	15.08%
Provider # 132	\$18,107,944	\$1,348,736	7.45%	\$2,533,269	13.99%	21.44%

Arizona Division of Developmental Disabilities

Administrative Costs as Reported on Form 990 (1)
DDD Providers who Responded to the Survey

Provider Name	Total Revenues	Administrative Costs	Administrative Costs as a Percentage of Revenues
Provider # 85	\$ 19,534,134.00	\$ 2,442,622.00	12.5%
Provider # 9	\$ 377,557.00	\$ 37,534.00	9.9%
Provider # 381	\$ 2,878,661.00	\$ 446,283.00	15.5%
Provider # 235	\$ 3,226,020.00	\$ 248,198.00	7.7%
Provider # 67	\$ 12,845,023.00	\$ 923,016.00	7.2%
Provider # 48	\$ 4,979,610.00	\$ 515,240.00	10.3%
Provider # 176	\$ 2,266,908.00	\$ 267,670.00	11.8%
Provider # 219	\$ 17,092,772.00	\$ 1,913,270.00	11.2%
Provider # 275	\$ 978,302.00	\$ 93,820.00	9.6%
Provider # 300	\$ 30,651,829.00	\$ 4,931,417.00	16.1%
Provider # 352	\$ 6,322,573.00	\$ 921,946.00	14.6%
Provider # 394	\$ 16,830,249.00	\$ 1,695,469.00	10.1%
Provider # 1	\$ 3,226,020.00	\$ 248,198.00	7.7%
Provider # 20	\$ 1,125,077.00	\$ 46,202.00	4.1%
Provider # 349	\$ 8,856,963.00	\$ 538,824.00	6.1%
Provider # 132	\$ 15,434,817.00	\$ 1,056,812.00	6.8%
	<u>\$ 146,626,515.00</u>	<u>\$ 16,326,521.00</u>	<u>11.1%</u>

Provider Survey Data Benefits

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 PTO Data Reported by Providers

PTO Related Questions

1.1 Are Direct Service Staff Eligible to Receive PTO? (Yes/No)
1.2 Are Part-Time employees Eligible for PTO? (Yes/No)
1.3 How many hours (minimum) must an employee work for Full-Time Status?
1.4 If Direct Service Staff Are Eligible for PTO, is there a waiting period before staff are eligible to use PTO?
1.5 For Full-Time Employees, what is the minimum amount of PTO employees are eligible to receive? (Days per year)
1.6 For Full-Time Employees, what is the maximum amount of PTO employees are eligible to receive? (Days per year)
1.7 For Full-Time Employees, what is the average amount of PTO employees are eligible to receive? (Days per year)

Provider Specific Responses by Question Number

Provider	1.1	1.2	1.3	1.4	1.5	1.6	1.7	
Provider # 116	Yes	No	31 - 35 Hours per Week	After 120 Days Employment	8.00	15.00	9.00	
Provider # 32	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	19.00	34.00	26.50	
Provider # 378	Yes	No	31 - 35 Hours per Week	After 30 Days Employment	5.00	15.00	10.00	
Provider # 394	Yes	No	31 - 35 Hours per Week	After 180 Days Employment	10.00	28.00	22.00	
Provider # 383	Yes	Yes	26 - 30 Hours per Week	After 90 Days Employment	27.00	42.00	32.00	
Provider # 48	Yes	No	26 - 30 Hours per Week	From Start Date	13 Days	18 Days	14 Days	(1)
Provider # 64	Yes	Yes	26 - 30 Hours per Week	From Start Date	32.00	42.00	0.00	(2)
Provider # 492	Yes	No	31 - 35 Hours per Week	After 180 Days Employment	15.00	25.00	20.00	
Provider # 96	Yes	No	36 - 40 Hours per Week	After 180 Days Employment	80.00	120.00	100.00	(3)
Provider # 234	Yes	No	36 - 40 Hours per Week	After 90 Days Employment	25.00	30.00	25.00	
Provider # 244	No	No	31 - 35 Hours per Week	0.00	5.00	10.00	10.00	(4)
Provider # 85	Yes	No	26 - 30 Hours per Week	After 90 Days Employment	20.00	38.00	0.00	(2)
Provider # 232	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	22.00	32.00	25.00	
Provider # 359	No	No	31 - 35 Hours per Week	0.00	0.00	0.00	0.00	(5)
Provider # 20	No	Yes	31 - 35 Hours per Week	0.00	5.00	20.00	10.00	(4)
Provider # 9	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	21.00	31.00	22.25	
Provider # 352	Yes	Yes	36 - 40 Hours per Week	After 180 Days Employment	96.00	136.00	116.00	(3)
Provider # 176	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	29.50	39.50	34.50	
Provider # 219	Yes	Yes	31 - 35 Hours per Week	After 180 Days Employment	15.00	35.00	20.00	
Provider # 381	Yes	Yes	36 - 40 Hours per Week	After 90 Days Employment	1.00	12.00	10.00	
Provider # 349	Yes	Yes	36 - 40 Hours per Week	After 90 Days Employment	34.00	40.00	37.00	
Provider # 235	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	15.00	20.00	16.00	
Provider # 1	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	11.00	26.00	19.00	
Provider # 67	Yes	Yes	31 - 35 Hours per Week	From Start Date	19.00	42.00	31.00	
Provider # 132	Yes	Yes	31 - 35 Hours per Week	After 1 Year Employment (or r	5.00	25.00	12.00	

(1) PTO values reported converted to numeric values

(2) Average of Min/Max PTO loaded as average

(3) Values reported assumed to be hours, converted to days by dividing by eight (8)

(4) Q1.1 changed to "Yes" due to provider reporting PTO, Q1.4 changed to "NR" (No Response)

(5) Q1.4 changed to "NR" (No Response); Null value loaded for Min/Max/Avg PTO

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

PTO Data Reported by Providers

Provider Specific Responses by Question Number, "Cleaned Data"

Provider	1.1	1.2	1.3	1.4	1.5	1.6	1.7	Dir Svc FTEs
Provider # 116	Yes	No	31 - 35 Hours per Week	After 120 Days Employment	8.0	15.0	9.00	35.95
Provider # 32	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	19.0	34.0	26.50	536.96
Provider # 378	Yes	No	31 - 35 Hours per Week	After 30 Days Employment	5.0	15.0	10.00	1,078.40
Provider # 394	Yes	No	31 - 35 Hours per Week	After 180 Days Employment	10.0	28.0	22.00	253.15
Provider # 383	Yes	Yes	26 - 30 Hours per Week	After 90 Days Employment	27.0	42.0	32.00	105.85
Provider # 48	Yes	No	26 - 30 Hours per Week	From Start Date	13.0	18.0	14.00	78.25
Provider # 64	Yes	Yes	26 - 30 Hours per Week	From Start Date	32.0	42.0	37.00	217.81
Provider # 492	Yes	No	31 - 35 Hours per Week	After 180 Days Employment	15.0	25.0	20.00	764.20
Provider # 96	Yes	No	36 - 40 Hours per Week	After 180 Days Employment	10.0	15.0	12.50	129.00
Provider # 234	Yes	No	36 - 40 Hours per Week	After 90 Days Employment	25.0	30.0	25.00	3.00
Provider # 244	Yes	No	31 - 35 Hours per Week	NR	5.0	10.0	10.00	198.20
Provider # 85	Yes	No	26 - 30 Hours per Week	After 90 Days Employment	20.0	38.0	29.00	158.08
Provider # 232	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	22.0	32.0	25.00	23.25
Provider # 359	No	No	31 - 35 Hours per Week	NR				22.50
Provider # 20	Yes	Yes	31 - 35 Hours per Week	NR	5.0	20.0	10.00	70.40
Provider # 9	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	21.0	31.0	22.25	9.36
Provider # 352	Yes	Yes	36 - 40 Hours per Week	After 180 Days Employment	12.0	17.0	14.50	109.07
Provider # 176	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	29.5	39.5	34.50	14.00
Provider # 219	Yes	Yes	31 - 35 Hours per Week	After 180 Days Employment	15.0	35.0	20.00	309.00
Provider # 381	Yes	Yes	36 - 40 Hours per Week	After 90 Days Employment	1.0	12.0	10.00	0.70
Provider # 349	Yes	Yes	36 - 40 Hours per Week	After 90 Days Employment	34.0	40.0	37.00	57.47
Provider # 235	Yes	Yes	31 - 35 Hours per Week	After 90 Days Employment	15.0	20.0	16.00	125.70
Provider # 1	Yes	No	31 - 35 Hours per Week	After 90 Days Employment	11.0	26.0	19.00	85.00
Provider # 67	Yes	Yes	31 - 35 Hours per Week	From Start Date	19.0	42.0	31.00	213.43
Provider # 132	Yes	Yes	31 - 35 Hours per Week	After 1 Year Employment (or r	5.0	25.0	12.00	391.25

(1) PTO values reported converted to numeric values

(2) Average of Min/Max PTO loaded as average

(3) Values reported assumed to be hours, converted to days by dividing by eight (8)

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

EIB Data Reported by Providers

EIB Related Questions

2.1 Does your organization definition/use of EIB differ from that defined in this survey (see instructions)? (Yes/No)
2.2 If so, briefly explain the difference:
2.3 Are Direct Service Staff Eligible to Receive EIB? (Yes/No)
2.4 Are Part-Time employees Eligible for EIB? (Yes/No)
2.5 If Direct Service Staff Are Eligible for EIB, is there a waiting period before staff are eligible to use EIB?
2.6 For Full-Time Employees, what is the minimum amount of EIB employees are eligible to receive? (Days per year)
2.7 For Full-Time Employees, what is the maximum amount of EIB employees are eligible to receive? (Days per year)
2.8 For Full-Time Employees, what is the average amount of EIB employees are eligible to receive? (Days per year)

Provider Specific Responses by Question Number

Provider	2.1	2.3	2.4	2.5	2.6	2.7	2.8	
Provider # 116	No	No	No	0.00	0.00	0.00	0.00	
Provider # 32	No	No	No	0.00	0.00	0.00	0.00	
Provider # 378	Yes	No	No	0.00	0.00	0.00	0.00	
Provider # 394	No	No	No	0.00	0.00	0.00	0.00	
Provider # 383	Yes	Yes	Yes	After 180 Days Employment	7.00	90.00	90.00	
Provider # 48	No	No	Yes	From Start Date	5 Days	5 Days	5 Days	(1) (3)
Provider # 64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Provider # 492	No	Yes	No	After 180 Days Employment	10.00	10.00	10.00	
Provider # 96	No	Yes	No	After 180 Days Employment	6 days	20 days	13 days	(3)
Provider # 234	Yes	Yes	No	After 90 Days Employment	15.00	15.00	15.00	
Provider # 244	Yes	No	No	0.00	5.00	25.00	10.00	(1)
Provider # 85	Yes	Yes	No	After 90 Days Employment	5.00	30.00	10.00	
Provider # 232	No	No	No	0.00	0.00	0.00	0.00	
Provider # 359	No	No	No	0.00	0.00	0.00	0.00	
Provider # 20	No	No	Yes	0.00	5.00	20.00	10.00	(1)
Provider # 9	No	No	No	0.00	0.00	0.00	0.00	
Provider # 352	Yes	No	No	0.00	0.00	0.00	0.00	
Provider # 176	Yes	No	No	0.00	0.00	0.00	0.00	
Provider # 219	Yes	Yes	Yes	After 1 Year Employment (or more)	0.00	0.00	0.00	(2)
Provider # 381	No	No	No	0.00	0.00	0.00	0.00	
Provider # 349	No	No	No	0.00	0.00	0.00	0.00	
Provider # 235	Yes	Yes	Yes	After 90 Days Employment	9.00	9.00	9.00	
Provider # 1	Yes	No	No	0.00	0.00	0.00	0.00	
Provider # 67	No	0.00	0.00	0.00	0.00	0.00	0.00	
Provider # 132	No	No	No	0.00	0.00	0.00	0.00	

(1) Q2.3 changed to "Yes" due to provider reporting EIB

(2) Q2.3 changed to "No" due to provider reporting no amounts for EIB

(3) Values reported for EIB converted to numeric values

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
EIB Data Reported by Providers

Provider Specific Responses by Question Number, "Cleaned Data"

Provider	2.1	2.3	2.4	2.5	2.6	2.7	2.8	Dir Svc FTEs
Provider # 116	No	No	No	NR	0.00	0.00	0.00	35.95
Provider # 32	No	No	No	NR	0.00	0.00	0.00	536.96
Provider # 378	Yes	No	No	NR	0.00	0.00	0.00	1,078.40
Provider # 394	No	No	No	NR	0.00	0.00	0.00	253.15
Provider # 383	Yes	Yes	Yes	After 180 Days Employment	7.00	90.00	90.00	105.85
Provider # 48	No	Yes	Yes	From Start Date	5.00	5.00	5.00	78.25
Provider # 64	NR	NR	NR	NR	0.00	0.00	0.00	217.81
Provider # 492	No	Yes	No	After 180 Days Employment	10.00	10.00	10.00	764.20
Provider # 96	No	Yes	No	After 180 Days Employment	6.00	20.00	13.00	129.00
Provider # 234	Yes	Yes	No	After 90 Days Employment	15.00	15.00	15.00	3.00
Provider # 244	Yes	Yes	No	NR	5.00	25.00	10.00	198.20
Provider # 85	Yes	Yes	No	After 90 Days Employment	5.00	30.00	10.00	158.08
Provider # 232	No	No	No	NR	0.00	0.00	0.00	23.25
Provider # 359	No	No	No	NR	0.00	0.00	0.00	22.50
Provider # 20	No	Yes	Yes	NR	5.00	20.00	10.00	70.40
Provider # 9	No	No	No	NR	0.00	0.00	0.00	9.36
Provider # 352	Yes	No	No	NR	0.00	0.00	0.00	109.07
Provider # 176	Yes	No	No	NR	0.00	0.00	0.00	14.00
Provider # 219	Yes	No	Yes	After 1 Year Employment (or more)	0.00	0.00	0.00	309.00
Provider # 381	No	No	No	NR	0.00	0.00	0.00	0.70
Provider # 349	No	No	No	NR	0.00	0.00	0.00	57.47
Provider # 235	Yes	Yes	Yes	After 90 Days Employment	9.00	9.00	9.00	125.70
Provider # 1	Yes	No	No	NR	0.00	0.00	0.00	85.00
Provider # 67	No	NR	NR	NR	0.00	0.00	0.00	213.43
Provider # 132	No	No	No	NR	0.00	0.00	0.00	391.25

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Private Retirement Plan Data Reported by Providers

Private Retirement Plan Related Questions

4.1 Does your organization contribute to a privately funded retirement plan for your direct service staff?
4.2 Are Part-Time employees Eligible for the retirement plan? (Yes/No)
4.3 If your organization contribute to a privately funded retirement plan for your direct service staff: (No Direct Response Required)
(A) Is the amount a fixed dollar amount or a percentage of salary?
(B) What is the fixed dollar amount or percentage of salary?
(C) What length of service is required for participation (in years)?
(D) Approximately what percentage of your eligible direct service staff participate in this benefit?

Provider Specific Responses by Question Number

Provider	4.1	4.2	4.3(A)	4.3(B)	4.3(C)	4.3(D)
Provider # 116	No	No	0.00	0.00	0.00	0.00
Provider # 32	No	No	0.00	0.00	0.00	0.00
Provider # 378	No	0.00	0.00	0.00	0.00	0.00
Provider # 394	No	No	Percentage	0.00	0.00	0.00
Provider # 383	Yes	Yes	Percentage	0.09	2.00	100.00
Provider # 48	No	No	0.00	0.00	0.00	0.00
Provider # 64	0.00	0.00	0.00	0.00	0.00	0.00
Provider # 492	No	0.00	0.00	0.00	0.00	0.00
Provider # 96	No	0.00	0.00	0.00	0.00	0.00
Provider # 234	No	No	0.00	0.00	0.00	0.00
Provider # 244	No	No	0.00	0.00	0.00	0.00
Provider # 85	No	No	0.00	0.00	0.00	0.00
Provider # 232	No	0.00	0.00	0.00	0.00	0.00
Provider # 359	No	0.00	0.00	0.00	0.00	0.00
Provider # 20	No	No	0.00	0.00	0.00	0.00
Provider # 9	No	No	0.00	0.00	0.00	0.00
Provider # 352	No	No	0.00	0.00	0.00	0.00
Provider # 176	No	No	0.00	0.00	0.00	0.00
Provider # 219	No	0.00	0.00	0.00	0.00	0.00
Provider # 381	No	No	0.00	0.00	0.00	0.00
Provider # 349	No	No	0.00	0.00	0.00	0.00
Provider # 235	No	0.00	0.00	0.00	0.00	0.00
Provider # 1	No	0.00	0.00	0.00	0.00	0.00
Provider # 67	No	0.00	0.00	0.00	0.00	0.00
Provider # 132	No	No	0.00	0.00	0.00	0.00

(1)

(1) Question 4.3(A) changed to "NR", No Response

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Private Retirement Plan Data Reported by Providers

Provider Specific Responses by Question Number, "Cleaned Data"

Provider	4.1	4.2	4.3(A)	4.3(B)	4.3(C)	4.3(D)	Dir Svc FTEs
Provider # 116	No	No	NR				35.95
Provider # 32	No	No	NR				536.96
Provider # 378	No	NR	NR				1,078.40
Provider # 394	No	No	NR				253.15
Provider # 383	Yes	Yes	Percentage	8.75%	2.00	100.0%	105.85
Provider # 48	No	No	NR				78.25
Provider # 64	NR	NR	NR				217.81
Provider # 492	No	NR	NR				764.20
Provider # 96	No	NR	NR				129.00
Provider # 234	No	No	NR				3.00
Provider # 244	No	No	NR				198.20
Provider # 85	No	No	NR				158.08
Provider # 232	No	NR	NR				23.25
Provider # 359	No	NR	NR				22.50
Provider # 20	No	No	NR				70.40
Provider # 9	No	No	NR				9.36
Provider # 352	No	No	NR				109.07
Provider # 176	No	No	NR				14.00
Provider # 219	No	NR	NR				309.00
Provider # 381	No	No	NR				0.70
Provider # 349	No	No	NR				57.47
Provider # 235	No	NR	NR				125.70
Provider # 1	No	NR	NR				85.00
Provider # 67	No	NR	NR				213.43
Provider # 132	No	No	NR				391.25

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 401(k)/403(b) Data Reported by Providers

401(k)/403(b) Related Questions

5.1 Does your organization contribute to a 401k or 403b plan for your direct service staff?
5.2 Are Part-Time employees Eligible for the 401k or 403b plan? (Yes/No)
5.3 If your organization contribute to a 401k or 403b plan for your direct service staff: (No Direct Response Required)
(A) Is the amount a fixed dollar amount or a percentage of salary?
(B) What is the fixed dollar amount or percentage of salary?
(C) What length of service is required for participation (in years)?
(D) Approximately what percentage of your eligible direct service staff participate in this benefit?

Provider Specific Responses by Question Number

Provider	5.1	5.2	5.3(A)	5.3(B)	5.3(C)	5.3(D)
Provider # 116	Yes	No	Percentage 0.04		0.50	15.00
Provider # 32	Yes	Yes	Percentage 0.10		0.00	0.01
Provider # 378	Yes	Yes	Percentage 0.03		1.00	0.10
Provider # 394	Yes	Yes	Percentage 0.03		0.50	0.65
Provider # 383	Yes	Yes	Fixed Dollar 1,000.00		2.00	35.00
Provider # 48	No	Yes	0.00 0.00		0.00	0.00
Provider # 64	Yes	No	Fixed Dollar varies		1.00	37.00
Provider # 492	Yes	Yes	Percentage 0.04		1.00	0.74
Provider # 96	Yes	No	Percentage 0.50		1.00	0.65
Provider # 234	No	No	0.00 0.00		0.00	0.00
Provider # 244	No	No	0.00 0.00		0.00	0.00
Provider # 85	Yes	Yes	Percentage 0.04		0.50	0.40
Provider # 232	Yes	Yes	Percentage 0.03		1.00	0.05
Provider # 359	No	Yes	0.00 0.00		0.00	0.00
Provider # 20	No	No	0.00 0.00		0.00	0.00
Provider # 9	Yes	No	Percentage 0.03		1.00	0.08
Provider # 352	No	No	0.00 0.00		0.00	0.00
Provider # 176	Yes	No	Fixed Dollar varies-amount approved annually by Board of Directors		1.00	0.75
Provider # 219	Yes	Yes	Percentage 0.03		0.50	0.14
Provider # 381	Yes	Yes	Percentage 0.04		0.50	0.30
Provider # 349	No	No	0.00 0.00		0.00	0.00
Provider # 235	Yes	Yes	Percentage 0.01		1.00	30.00
Provider # 1	Yes	Yes	Percentage 0.02		1.00	0.22
Provider # 67	Yes	Yes	Percentage 0.04		<1 yr	0.22
Provider # 132	Yes	Yes	Percentage 0.04		1.00	0.40

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 401(k)/403(b) Data Reported by Providers

Provider Specific Responses by Question Number, "Cleaned Data", Step #1

Provider	5.1	5.2	5.3(A)	5.3(B)	5.3(C)	5.3(D)	Dir Svc	
							FTEs	DD Revenue
Provider # 116	Yes	No	Percentage	4.00%	0.50	15.0%	35.95	\$1,420,000
Provider # 32	Yes	Yes	Percentage	10% of Employee Contribution	0.00	1.0%	536.96	\$12,989,118
Provider # 378	Yes	Yes	Percentage	3.00%	1.00	10.0%	1,078.40	\$32,043,358
Provider # 394	Yes	Yes	Percentage	3.00%	0.50	65.0%	253.15	\$7,793,705
Provider # 383	Yes	Yes	Fixed Dollar	1,000.00	2.00	35.0%	105.85	\$4,910,566
Provider # 48	No	Yes	NR	0.00%	0.00	0.0%	78.25	\$4,482,238
Provider # 64	Yes	No	Fixed Dollar	varies	1.00	37.0%	217.81	\$26,869,170
Provider # 492	Yes	Yes	Percentage	4.00%	1.00	74.3%	764.20	\$18,570,171
Provider # 96	Yes	No	Percentage	50.00%	1.00	65.0%	129.00	\$5,191,221
Provider # 234	No	No	NR	0.00%	0.00	0.0%	3.00	\$2,449,228
Provider # 244	No	No	NR	0.00%	0.00	0.0%	198.20	\$7,804,282
Provider # 85	Yes	Yes	Percentage	4.00%	0.50	40.0%	158.08	\$9,588,071
Provider # 232	Yes	Yes	Percentage	2.50%	1.00	5.0%	23.25	\$2,200,000
Provider # 359	No	Yes	NR	0.00%	0.00	0.0%	22.50	\$830,687
Provider # 20	No	No	NR	0.00%	0.00	0.0%	70.40	\$1,120,744
Provider # 9	Yes	No	Percentage	3.00%	1.00	8.0%	9.36	\$435,845
Provider # 352	No	No	NR	0.00%	0.00	0.0%	109.07	\$3,982,931
Provider # 176	Yes	No	Fixed Dollar	varies-amount approved annually by Board of Directors	1.00	75.0%	14.00	\$1,100,960
Provider # 219	Yes	Yes	Percentage	3.00%	0.50	14.0%	309.00	\$10,679,112
Provider # 381	Yes	Yes	Percentage	4.00%	0.50	30.0%	0.70	\$43,917
Provider # 349	No	No	NR	0.00%	0.00	0.0%	57.47	\$8,655,635
Provider # 235	Yes	Yes	Percentage	1.00%	1.00	30.0%	125.70	\$4,480,800
Provider # 1	Yes	Yes	Percentage	2.00%	1.00	22.0%	85.00	\$2,916,146
Provider # 67	Yes	Yes	Percentage	4.33% of Employee Contribution	<1 yr	22.0%	213.43	\$10,633,702
Provider # 132	Yes	Yes	Percentage	4.00%	1.00	40.0%	391.25	\$17,616,622

* Note that answers for 5.3(D) are converted to percentages. Whole number have been divided by 100 to convert.

(1) Data Excluded, 10% of Employee contribution and participation is minimal, e.g. on \$100, employer contributes \$10

(2) Based upon salaries reported by employer, weighted average salary is \$10.46. \$1,000 contribution equates to 4.6% of salary.

(3) Provider unavailable for follow up, amount excluded

(4) Data Excluded, 4.33% of Employee contribution is minimal, e.g. on \$100, employer contributes less than \$5

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
401(k)/403(b) Data Reported by Providers

Provider Specific Responses by Question Number, "Cleaned Data", Step #2

Provider	5.1	5.2	5.3(A)	5.3(B)	5.3(C)	5.3(D)	Dir Svc	
							FTEs	DD Revenue
Provider # 116	Yes	No	Percentage	4.00%	6 Months	15.0%	35.95	\$1,420,000
Provider # 32	Yes	Yes	Percentage		NR	1.0%	536.96	\$12,989,118
Provider # 378	Yes	Yes	Percentage	3.00%	1 Year	10.0%	1,078.40	\$32,043,358
Provider # 394	Yes	Yes	Percentage	3.00%	6 Months	65.0%	253.15	\$7,793,705
Provider # 383	Yes	Yes	Fixed Dollar	4.60%	2 Years	35.0%	105.85	\$4,910,566
Provider # 48	No	Yes	NR	0.00%	NR	0.0%	78.25	\$4,482,238
Provider # 64	Yes	No	Fixed Dollar		1 Year	37.0%	217.81	\$26,869,170
Provider # 492	Yes	Yes	Percentage	4.00%	1 Year	74.3%	764.20	\$18,570,171
Provider # 96	Yes	No	Percentage	50.00%	1 Year	65.0%	129.00	\$5,191,221
Provider # 234	No	No	NR	0.00%	NR	0.0%	3.00	\$2,449,228
Provider # 244	No	No	NR	0.00%	NR	0.0%	198.20	\$7,804,282
Provider # 85	Yes	Yes	Percentage	4.00%	6 Months	40.0%	158.08	\$9,588,071
Provider # 232	Yes	Yes	Percentage	2.50%	1 Year	5.0%	23.25	\$2,200,000
Provider # 359	No	Yes	NR	0.00%	NR	0.0%	22.50	\$830,687
Provider # 20	No	No	NR	0.00%	NR	0.0%	70.40	\$1,120,744
Provider # 9	Yes	No	Percentage	3.00%	1 Year	8.0%	9.36	\$435,845
Provider # 352	No	No	NR	0.00%	NR	0.0%	109.07	\$3,982,931
Provider # 176	Yes	No	Fixed Dollar		1 Year	75.0%	14.00	\$1,100,960
Provider # 219	Yes	Yes	Percentage	3.00%	6 Months	14.0%	309.00	\$10,679,112
Provider # 381	Yes	Yes	Percentage	4.00%	6 Months	30.0%	0.70	\$43,917
Provider # 349	No	No	NR	0.00%	NR	0.0%	57.47	\$8,655,635
Provider # 235	Yes	Yes	Percentage	1.00%	1 Year	30.0%	125.70	\$4,480,800
Provider # 1	Yes	Yes	Percentage	2.00%	1 Year	22.0%	85.00	\$2,916,146
Provider # 67	Yes	Yes	Percentage		0.00	22.0%	213.43	\$10,633,702
Provider # 132	Yes	Yes	Percentage	4.00%	Less Than	40.0%	391.25	\$17,616,622

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Health Insurance Premium Data Reported by Providers

Provider Specific Responses to Benefit Coverage

Provider	Health Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$135.00		\$35.00	2	\$265.00		\$125.00					1	\$430.00		\$330.00
Provider # 32	60	\$109.14		\$69.14	1	\$210.91		\$80.91	4	\$210.91		\$80.91	3	\$312.68		\$92.68
Provider # 378	104	\$427.84	64.00%		16	\$855.69	61.00%						22	\$1,219.35	65.00%	
Provider # 394	248	\$344.97	94.00%	\$306.00	6	\$689.93	47.00%	\$306.00					6	\$874.19	37.00%	\$306.00
Provider # 383	80	\$454.58	100.00%		4	\$710.12	79.00%		9	\$698.08	86.00%		4	\$839.34	61.00%	
Provider # 48	140	\$69.83		\$212.53	12	\$269.91		\$323.05	12	\$262.17		\$302.54	17	\$329.63		\$573.91
Provider # 64	22	\$279.88		\$212.96		\$572.52			1	\$490.40		\$212.96		\$799.86		\$212.96
Provider # 492	63	\$335.29		\$214.86	7	\$831.70		\$468.66	4	\$570.21		\$293.46	5	\$931.89		\$447.46
Provider # 96	30	\$227.00	70.00%		6	\$400.00	70.00%		5	\$462.00	70.00%		4	\$678.00	70.00%	
Provider # 234	7	\$1,810.59		\$909.94	0	\$0.00	0.00%	\$0.00	0	\$0.00	0.00%	\$0.00	3	\$2,305.15		\$230.00
Provider # 244	46	\$396.00		\$237.00	5	\$831.00		\$237.00	1	\$751.00		\$237.00	3	\$1,187.00		\$237.00
Provider # 85	201	\$346.44		\$272.49	10	\$769.79		\$415.30	21	\$707.82		\$415.45	10	\$1,120.06		\$477.30
Provider # 232	25	\$337.00	90.00%			\$680.00		\$269.90		\$529.00		\$269.90		\$920.00		\$269.90
Provider # 359	7	\$571.98	0.00%		0				0				0			
Provider # 20	8	\$173.00	50.00%	\$86.50	3	\$435.00	50.00%	\$217.50	1	\$275.00	50.00%	\$137.50				
Provider # 9	7	\$340.53		\$340.53					1	\$552.47		\$235.73				
Provider # 352	59	\$507.98	87.00%	\$441.94	0	\$1,011.75	43.68%	\$441.94	0	\$915.39	48.28%	\$441.94	0	\$1,445.35	30.57%	\$441.94
Provider # 176	26	\$365.00		\$296.00	1	\$739.00		\$296.00	3	\$590.00		\$296.00				
Provider # 219	167	\$333.22		\$270.00	20	\$659.63		\$270.00	0	\$0.00			12	\$923.48		\$270.00
Provider # 381	26	\$273.00		\$273.00									1	\$761.00		\$273.00
Provider # 349	89	\$356.00	70.00%	\$250.00	6	\$747.00	70.00%	\$523.00	9	\$676.00	70.00%	\$473.00	10	\$1,102.00	70.00%	\$772.00
Provider # 235	48	\$391.47		\$352.32	1	\$858.27		\$445.68	4	\$702.67		\$414.56	2	\$1,169.46		\$507.92
Provider # 1	27	\$269.45		\$219.45					1	\$506.56		\$219.45				
Provider # 67	127	\$316.66		\$275.00	7	\$633.31		\$275.00	11	\$633.31		\$275.00	0	\$981.63		\$275.00
Provider # 132	180	\$296.00	80.00%		15	\$623.00	50.00%		15	\$563.00	50.00%		15	\$890.00	40.00%	

(1) Employer Portion is greater than total premium

Provider Specific Responses to Benefit Coverage - "Cleaned Data"

Provider	Health Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$135.00	25.93%	\$35.00	2	\$265.00	47.17%	\$125.00					1	\$430.00	76.74%	\$330.00
Provider # 32	60	\$109.14	63.35%	\$69.14	1	\$210.91	38.36%	\$80.91	4	\$210.91	38.36%	\$80.91	3	\$312.68	29.64%	\$92.68
Provider # 378	104	\$427.84	64.00%	\$273.82	16	\$855.69	61.00%	\$521.97					22	\$1,219.35	65.00%	\$792.58
Provider # 394	248	\$344.97	94.00%	\$306.00	6	\$689.93	47.00%	\$306.00					6	\$874.19	37.00%	\$306.00
Provider # 383	80	\$454.58	100.00%	\$454.58	4	\$710.12	79.00%	\$560.99	9	\$698.08	86.00%	\$600.35	4	\$839.34	61.00%	\$512.00
Provider # 48	140	\$69.83	100.00%	\$69.83	12	\$269.91	100.00%	\$269.91	12	\$262.17	100.00%	\$262.17	17	\$329.63	100.00%	\$329.63
Provider # 64	22	\$279.88	76.09%	\$212.96					1	\$490.40	43.43%	\$212.96				
Provider # 492	63	\$335.29	64.08%	\$214.86	7	\$831.70	56.35%	\$468.66	4	\$570.21	51.46%	\$293.46	5	\$931.89	48.02%	\$447.46
Provider # 96	30	\$227.00	70.00%	\$158.90	6	\$400.00	70.00%	\$280.00	5	\$462.00	70.00%	\$323.40	4	\$678.00	70.00%	\$474.60
Provider # 234	7	\$1,810.59	50.26%	\$909.94									3	\$2,305.15	9.98%	\$230.00
Provider # 244	46	\$396.00	59.85%	\$237.00	5	\$831.00	28.52%	\$237.00	1	\$751.00	31.56%	\$237.00	3	\$1,187.00	19.97%	\$237.00
Provider # 85	201	\$346.44	78.65%	\$272.49	10	\$769.79	53.95%	\$415.30	21	\$707.82	58.69%	\$415.45	10	\$1,120.06	42.61%	\$477.30
Provider # 232	25	\$337.00	90.00%	\$303.30												
Provider # 359	7	\$571.98	0.00%	\$0.00												
Provider # 20	8	\$173.00	50.00%	\$86.50	3	\$435.00	50.00%	\$217.50	1	\$275.00	50.00%	\$137.50				
Provider # 9	7	\$340.53	100.00%	\$340.53					1	\$552.47	42.67%	\$235.73				
Provider # 352	59	\$507.98	87.00%	\$441.94												
Provider # 176	26	\$365.00	81.10%	\$296.00	1	\$739.00	40.05%	\$296.00	3	\$590.00	50.17%	\$296.00				
Provider # 219	167	\$333.22	81.03%	\$270.00	20	\$659.63	40.93%	\$270.00					12	\$923.48	29.24%	\$270.00
Provider # 381	26	\$273.00	100.00%	\$273.00									1	\$761.00	35.87%	\$273.00
Provider # 349	89	\$356.00	70.00%	\$250.00	6	\$747.00	70.00%	\$523.00	9	\$676.00	70.00%	\$473.00	10	\$1,102.00	70.00%	\$772.00
Provider # 235	48	\$391.47	90.00%	\$352.32	1	\$858.27	51.93%	\$445.68	4	\$702.67	59.00%	\$414.56	2	\$1,169.46	43.43%	\$507.92
Provider # 1	27	\$269.45	81.44%	\$219.45					1	\$506.56	43.32%	\$219.45				
Provider # 67	127	\$316.66	86.84%	\$275.00	7	\$633.31	43.42%	\$275.00	11	\$633.31	43.42%	\$275.00				
Provider # 132	180	\$296.00	80.00%	\$236.80	15	\$623.00	50.00%	\$311.50	15	\$563.00	50.00%	\$281.50	15	\$890.00	40.00%	\$356.00

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Health Insurance Premium Data Reported by Providers

Provider	Health Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$135.00	25.93%	\$35.00	2	\$265.00	47.17%	\$125.00					1	\$430.00	76.74%	\$330.00
Provider # 32	60	\$109.14	63.35%	\$69.14	1	\$210.91	38.36%	\$80.91	4	\$210.91	38.36%	\$80.91	3	\$312.68	29.64%	\$92.68
Provider # 378	104	\$427.84	64.00%	\$273.82	16	\$855.69	61.00%	\$521.97					22	\$1,219.35	65.00%	\$792.58
Provider # 394	248	\$344.97	94.00%	\$306.00	6	\$689.93	47.00%	\$306.00					6	\$874.19	37.00%	\$306.00
Provider # 383	80	\$454.58	100.00%	\$454.58	4	\$710.12	79.00%	\$560.99	9	\$698.08	86.00%	\$600.35	4	\$839.34	61.00%	\$512.00
Provider # 48	140	\$69.83	100.00%	\$69.83	12	\$269.91	100.00%	\$269.91	12	\$262.17	100.00%	\$262.17	17	\$329.63	100.00%	\$329.63
Provider # 64	22	\$279.88	76.09%	\$212.96					1	\$490.40	43.43%	\$212.96				
Provider # 492	63	\$335.29	64.08%	\$214.86	7	\$831.70	56.35%	\$468.66	4	\$570.21	51.46%	\$293.46	5	\$931.89	48.02%	\$447.46
Provider # 96	30	\$227.00	70.00%	\$158.90	6	\$400.00	70.00%	\$280.00	5	\$462.00	70.00%	\$323.40	4	\$678.00	70.00%	\$474.60
Provider # 234	7	\$1,810.59	50.26%	\$909.94									3	\$2,305.15	9.98%	\$230.00
Provider # 244	46	\$396.00	59.85%	\$237.00	5	\$831.00	28.52%	\$237.00	1	\$751.00	31.56%	\$237.00	3	\$1,187.00	19.97%	\$237.00
Provider # 85	201	\$346.44	78.65%	\$272.49	10	\$769.79	53.95%	\$415.30	21	\$707.82	58.69%	\$415.45	10	\$1,120.06	42.61%	\$477.30
Provider # 232	25	\$337.00	90.00%	\$303.30												
Provider # 359	7	\$571.98	0.00%	\$0.00												
Provider # 20	8	\$173.00	50.00%	\$86.50	3	\$435.00	50.00%	\$217.50	1	\$275.00	50.00%	\$137.50				
Provider # 9	7	\$340.53	100.00%	\$340.53					1	\$552.47	42.67%	\$235.73				
Provider # 352	59	\$507.98	87.00%	\$441.94												
Provider # 176	26	\$365.00	81.10%	\$296.00	1	\$739.00	40.05%	\$296.00	3	\$590.00	50.17%	\$296.00				
Provider # 219	167	\$333.22	81.03%	\$270.00	20	\$659.63	40.93%	\$270.00					12	\$923.48	29.24%	\$270.00
Provider # 381	26	\$273.00	100.00%	\$273.00									1	\$761.00	35.87%	\$273.00
Provider # 349	89	\$356.00	70.00%	\$250.00	6	\$747.00	70.00%	\$523.00	9	\$676.00	70.00%	\$473.00	10	\$1,102.00	70.00%	\$772.00
Provider # 235	48	\$391.47	90.00%	\$352.32	1	\$858.27	51.93%	\$445.68	4	\$702.67	59.00%	\$414.56	2	\$1,169.46	43.43%	\$507.92
Provider # 1	27	\$269.45	81.44%	\$219.45					1	\$506.56	43.32%	\$219.45				
Provider # 67	127	\$316.66	86.84%	\$275.00	7	\$633.31	43.42%	\$275.00	11	\$633.31	43.42%	\$275.00				
Provider # 132	180	\$296.00	80.00%	\$236.80	15	\$623.00	50.00%	\$311.50	15	\$563.00	50.00%	\$281.50	15	\$890.00	40.00%	\$356.00

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Dental Insurance Premium Data Reported by Providers

Provider Specific Responses to Benefit Coverage

Provider	Dental Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$12.50		\$12.50	2	\$17.50		\$17.50					1	\$25.00		\$25.00
Provider # 32	36	\$12.07		\$0.00	3	\$19.53		\$0.00	3	\$19.53		\$0.00	6	\$29.97		\$0.00
Provider # 378	88	\$20.33	30.00%		22	\$40.66	30.00%						32	\$60.18	41.00%	
Provider # 394	190	\$12.38	0.00%	\$0.00		\$22.35							130	\$30.87	0.00%	\$0.00
Provider # 383	64	\$13.00	0.00%		12	\$28.00	0.00%		22	\$29.00	0.00%		11	\$29.00	0.00%	
Provider # 48	122	\$13.64		\$4.90									44	\$33.37		\$15.58
Provider # 64	25	\$14.20		\$10.65	5	\$26.98		\$10.65	1	\$22.72		\$10.65	2	\$40.46		\$10.65
Provider # 492	90	\$19.50		\$0.00	17	\$39.70		\$0.00					10	\$64.62		\$0.00
Provider # 96	129	\$24.89	70.00%		6	\$50.07	70.00%		8	\$56.55	70.00%		8	\$42.56	70.00%	
Provider # 234	5	\$123.00		\$16.92	1	\$31.88		\$0.00					2	\$206.03		\$206.03
Provider # 244	8	\$14.00		\$0.00	1	\$25.00		\$0.00	0	\$0.00		\$0.00	3	\$35.00		\$0.00
Provider # 85			0.00%				0.00%				0.00%				0.00%	
Provider # 232																
Provider # 359	1	\$29.70	0.00%		0				0				0			
Provider # 20																
Provider # 9	7	\$25.75		\$25.75					1	\$51.50		\$25.75				
Provider # 352	18	\$43.07	50.00%	\$21.53	0	\$97.35	22.12%	\$21.53	2	\$90.93	23.67%	\$21.53	0	\$146.82	14.66%	\$21.53
Provider # 176	23			\$0.00				\$0.00	6			\$0.00	2			\$0.00
Provider # 219	150	\$22.73	0.00%		31	\$41.45	0.00%		0	\$0.00	0.00%		35	\$62.00	0.00%	
Provider # 381	26	\$19.74		\$19.74	1	\$40.52		\$19.74								
Provider # 349	95	\$14.00	70.00%	\$10.00									34	\$29.00	70.00%	\$20.00
Provider # 235	47	\$24.85		\$11.28									12	\$76.09		\$11.28
Provider # 1	20	\$10.27	0.00%										10	\$23.15	0.00%	
Provider # 67	105	\$26.22		\$0.00	13	\$54.60		\$0.00	13	\$48.27		\$0.00	12	\$76.02		\$0.00
Provider # 132	122	\$20.88	50.00%										61	\$75.80	50.00%	

Provider Specific Responses to Benefit Coverage - "Cleaned Data"

Provider	Dental Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$12.50	100.00%	\$12.50	2	\$17.50	100.00%	\$17.50					1	\$25.00	100.00%	\$25.00
Provider # 32	36	\$12.07	0.00%	\$0.00	3	\$19.53	0.00%	\$0.00	3	\$19.53	0.00%	\$0.00	6	\$29.97	0.00%	\$0.00
Provider # 378	88	\$20.33	30.00%	\$6.10	22	\$40.66	30.00%	\$12.20					32	\$60.18	41.00%	\$24.67
Provider # 394	190	\$12.38	0.00%	\$0.00									130	\$30.87	0.00%	\$0.00
Provider # 383	64	\$13.00	0.00%	\$0.00	12	\$28.00	0.00%	\$0.00	22	\$29.00	0.00%	\$0.00	11	\$29.00	0.00%	\$0.00
Provider # 48	122	\$13.64	35.92%	\$4.90									44	\$33.37	46.69%	\$15.58
Provider # 64	25	\$14.20	75.00%	\$10.65	5	\$26.98	39.47%	\$10.65	1	\$22.72	46.88%	\$10.65	2	\$40.46	26.32%	\$10.65
Provider # 492	90	\$19.50	0.00%	\$0.00	17	\$39.70	0.00%	\$0.00					10	\$64.62	0.00%	\$0.00
Provider # 96	129	\$24.89	70.00%	\$17.42	6	\$50.07	70.00%	\$35.05	8	\$56.55	70.00%	\$39.58	8	\$42.56	70.00%	\$29.79
Provider # 234	5	\$123.00	13.76%	\$16.92	1	\$31.88	0.00%	\$0.00					2	\$206.03	100.00%	\$206.03
Provider # 244	8	\$14.00	0.00%	\$0.00	1	\$25.00	0.00%	\$0.00					3	\$35.00	0.00%	\$0.00
Provider # 85																
Provider # 232																
Provider # 359	1	\$29.70	0.00%	\$0.00												
Provider # 20																
Provider # 9	7	\$25.75	100.00%	\$25.75					1	\$51.50	50.00%	\$25.75				
Provider # 352	18	\$43.07	50.00%	\$21.53					2	\$90.93	23.67%	\$21.53				
Provider # 176	23		0.00%	\$0.00					6		0.00%	\$0.00	2		0.00%	\$0.00
Provider # 219	150	\$22.73	0.00%	\$0.00	31	\$41.45	0.00%	\$0.00					35	\$62.00	0.00%	\$0.00
Provider # 381	26	\$19.74	100.00%	\$19.74	1	\$40.52	48.72%	\$19.74								
Provider # 349	95	\$14.00	70.00%	\$10.00									34	\$29.00	70.00%	\$20.00
Provider # 235	47	\$24.85	45.39%	\$11.28									12	\$76.09	14.82%	\$11.28
Provider # 1	20	\$10.27	0.00%	\$0.00									10	\$23.15	0.00%	\$0.00
Provider # 67	105	\$26.22	0.00%	\$0.00	13	\$54.60	0.00%	\$0.00	13	\$48.27	0.00%	\$0.00	12	\$76.02	0.00%	\$0.00
Provider # 132	122	\$20.88	50.00%	\$10.44									61	\$75.80	50.00%	\$37.90

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Dental Insurance Premium Data Reported by Providers

Provider	Dental Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$12.50	100.00%	\$12.50	2	\$17.50	100.00%	\$17.50					1	\$25.00	100.00%	\$25.00
Provider # 32	36	\$12.07	0.00%	\$0.00	3	\$19.53	0.00%	\$0.00	3	\$19.53	0.00%	\$0.00	6	\$29.97	0.00%	\$0.00
Provider # 378	88	\$20.33	30.00%	\$6.10	22	\$40.66	30.00%	\$12.20					32	\$60.18	41.00%	\$24.67
Provider # 394	190	\$12.38	0.00%	\$0.00									130	\$30.87	0.00%	\$0.00
Provider # 383	64	\$13.00	0.00%	\$0.00	12	\$28.00	0.00%	\$0.00	22	\$29.00	0.00%	\$0.00	11	\$29.00	0.00%	\$0.00
Provider # 48	122	\$13.64	35.92%	\$4.90									44	\$33.37	46.69%	\$15.58
Provider # 64	25	\$14.20	75.00%	\$10.65	5	\$26.98	39.47%	\$10.65	1	\$22.72	46.88%	\$10.65	2	\$40.46	26.32%	\$10.65
Provider # 492	90	\$19.50	0.00%	\$0.00	17	\$39.70	0.00%	\$0.00					10	\$64.62	0.00%	\$0.00
Provider # 96	129	\$24.89	70.00%	\$17.42	6	\$50.07	70.00%	\$35.05	8	\$56.55	70.00%	\$39.58	8	\$42.56	70.00%	\$29.79
Provider # 234	5	\$123.00	13.76%	\$16.92	1	\$31.88	0.00%	\$0.00					2	\$206.03	100.00%	\$206.03
Provider # 244	8	\$14.00	0.00%	\$0.00	1	\$25.00	0.00%	\$0.00					3	\$35.00	0.00%	\$0.00
Provider # 85																
Provider # 232																
Provider # 359	1	\$29.70	0.00%	\$0.00												
Provider # 20																
Provider # 9	7	\$25.75	100.00%	\$25.75					1	\$51.50	50.00%	\$25.75				
Provider # 352	18	\$43.07	50.00%	\$21.53					2	\$90.93	23.67%	\$21.53				
Provider # 176	23		0.00%	\$0.00					6		0.00%	\$0.00			0.00%	\$0.00
Provider # 219	150	\$22.73	0.00%	\$0.00	31	\$41.45	0.00%	\$0.00					35	\$62.00	0.00%	\$0.00
Provider # 381	26	\$19.74	100.00%	\$19.74	1	\$40.52	48.72%	\$19.74								
Provider # 349	95	\$14.00	70.00%	\$10.00									34	\$29.00	70.00%	\$20.00
Provider # 235	47	\$24.85	45.39%	\$11.28									12	\$76.09	14.82%	\$11.28
Provider # 1	20	\$10.27	0.00%	\$0.00									10	\$23.15	0.00%	\$0.00
Provider # 67	105	\$26.22	0.00%	\$0.00	13	\$54.60	0.00%	\$0.00	13	\$48.27	0.00%	\$0.00	12	\$76.02	0.00%	\$0.00
Provider # 132	122	\$20.88	50.00%	\$10.44									61	\$75.80	50.00%	\$37.90

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Vision Insurance Premium Data Reported by Providers

Provider Specific Responses to Benefit Coverage

Provider	Vision Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$7.00		\$7.00	2	\$14.00		\$14.00					1	\$21.00		\$21.00
Provider # 32																
Provider # 378	76	\$6.03	7.00%										37	\$15.69	26.00%	
Provider # 394																
Provider # 383	23	\$4.82	0.00%		12	\$9.64	0.00%		11	\$8.48	0.00%		9	\$12.06	0.00%	
Provider # 48	68	\$8.16		\$0.00									17	\$17.25		\$0.00
Provider # 64																
Provider # 492	30	\$11.02		\$0.00	12	\$15.96		\$0.00					1	\$28.62		\$0.00
Provider # 96																
Provider # 234	1	\$21.90		\$21.90												
Provider # 244																
Provider # 85			0.00%				0.00%				0.00%				0.00%	
Provider # 232																
Provider # 359	0	\$0.00	0.00%		0				0				0			
Provider # 20																
Provider # 9	7	\$7.83		\$7.83					1	\$16.84		\$7.83				
Provider # 352																
Provider # 176																
Provider # 219	101	\$7.00	0.00%		18	\$13.33	0.00%		8	\$14.00	0.00%		9	\$21.56	0.00%	
Provider # 381																
Provider # 349	0	\$0.00		\$0.00	0	\$0.00		\$0.00	0	\$0.00		\$0.00	0	\$0.00		\$0.00
Provider # 235																
Provider # 1																
Provider # 67	53	\$7.28		\$0.00	5	\$13.19		\$0.00	6	\$13.19		\$0.00	10	\$22.32		\$0.00
Provider # 132	35	\$11.14	0.00%										12	\$23.96	0.00%	

Provider Specific Responses to Benefit Coverage - "Cleaned Data"

Provider	Vision Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$7.00	100.00%	\$7.00	2	\$14.00	100.00%	\$14.00					1	\$21.00	100.00%	\$21.00
Provider # 32																
Provider # 378	76	\$6.03	7.00%	\$0.42									37	\$15.69	26.00%	\$4.08
Provider # 394																
Provider # 383	23	\$4.82	0.00%	\$0.00	12	\$9.64	0.00%	\$0.00	11	\$8.48	0.00%	\$0.00	9	\$12.06	0.00%	\$0.00
Provider # 48	68	\$8.16	0.00%	\$0.00									17	\$17.25	0.00%	\$0.00
Provider # 64																
Provider # 492	30	\$11.02	0.00%	\$0.00	12	\$15.96	0.00%	\$0.00					1	\$28.62	0.00%	\$0.00
Provider # 96																
Provider # 234	1	\$21.90	100.00%	\$21.90												
Provider # 244																
Provider # 85																
Provider # 232																
Provider # 359																
Provider # 20																
Provider # 9	7	\$7.83	100.00%	\$7.83					1	\$16.84	46.50%	\$7.83				
Provider # 352																
Provider # 176			0.00%													
Provider # 219	101	\$7.00	0.00%	\$0.00	18	\$13.33	0.00%	\$0.00	8	\$14.00	0.00%	\$0.00	9	\$21.56	0.00%	\$0.00
Provider # 381																
Provider # 349																
Provider # 235																
Provider # 1																
Provider # 67	53	\$7.28	0.00%	\$0.00	5	\$13.19	0.00%	\$0.00	6	\$13.19	0.00%	\$0.00	10	\$22.32	0.00%	\$0.00
Provider # 132	35	\$11.14	0.00%	\$0.00									12	\$23.96	0.00%	\$0.00

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Vision Insurance Premium Data Reported by Providers

Provider	Vision Insurance															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116	6	\$7.00	100.00%	\$7.00	2	\$14.00	100.00%	\$14.00					1	\$21.00	100.00%	\$21.00
Provider # 32																
Provider # 378	76	\$6.03	7.00%	\$0.42									37	\$15.69	26.00%	\$4.08
Provider # 394																
Provider # 383	23	\$4.82	0.00%	\$0.00	12	\$9.64	0.00%	\$0.00	11	\$8.48	0.00%	\$0.00	9	\$12.06	0.00%	\$0.00
Provider # 48	68	\$8.16	0.00%	\$0.00									17	\$17.25	0.00%	\$0.00
Provider # 64																
Provider # 492	30	\$11.02	0.00%	\$0.00	12	\$15.96	0.00%	\$0.00					1	\$28.62	0.00%	\$0.00
Provider # 96																
Provider # 234	1	\$21.90	100.00%	\$21.90												
Provider # 244																
Provider # 85																
Provider # 232																
Provider # 359																
Provider # 20																
Provider # 9	7	\$7.83	100.00%	\$7.83					1	\$16.84	46.50%	\$7.83				
Provider # 352																
Provider # 176			0.00%													
Provider # 219	101	\$7.00	0.00%	\$0.00	18	\$13.33	0.00%	\$0.00	8	\$14.00	0.00%	\$0.00	9	\$21.56	0.00%	\$0.00
Provider # 381																
Provider # 349																
Provider # 235																
Provider # 1																
Provider # 67	53	\$7.28	0.00%	\$0.00	5	\$13.19	0.00%	\$0.00	6	\$13.19	0.00%	\$0.00	10	\$22.32	0.00%	\$0.00
Provider # 132	35	\$11.14	0.00%	\$0.00									12	\$23.96	0.00%	\$0.00

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Long Term Disability Data Reported by Providers

**Provider Specific Responses
to Benefit Coverage**

Provider	LTD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378				
Provider # 394	347	\$20.24	100.00%	\$20.24
Provider # 383	71	\$158.15	100.00%	
Provider # 48	0	\$0.00		\$0.00
Provider # 64				
Provider # 492	10	\$9.65		\$9.65
Provider # 96	36	59% wage	100.00%	
Provider # 234				
Provider # 244				
Provider # 85	317	\$108.00	100.00%	
Provider # 232				
Provider # 359	0			
Provider # 20				
Provider # 9				
Provider # 352	7	\$46.60	0.00%	\$0.00
Provider # 176	2			\$0.00
Provider # 219	650	\$40.00	100.00%	
Provider # 381				
Provider # 349			0.00%	\$0.00
Provider # 235				
Provider # 1				
Provider # 67	69	\$17.34		\$0.00
Provider # 132				

**Provider Specific Responses
to Benefit Coverage - 'Cleaned Data'**

Provider	LTD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378				
Provider # 394	347	\$20.24	100.00%	\$20.24
Provider # 383	71	\$158.15	100.00%	\$158.15
Provider # 48				
Provider # 64				
Provider # 492	10	\$9.65	100.00%	\$9.65
Provider # 96				
Provider # 234				
Provider # 244				
Provider # 85	317	\$108.00	100.00%	\$108.00
Provider # 232				
Provider # 359				
Provider # 20				
Provider # 9				
Provider # 352	7	\$46.60	0.00%	\$0.00
Provider # 176	2		0.00%	\$0.00
Provider # 219	650	\$40.00	100.00%	\$40.00
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1				
Provider # 67	69	\$17.34	0.00%	\$0.00
Provider # 132				

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Long Term Disability Data Reported by Providers

Provider	LTD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378				
Provider # 394	347	\$20.24	100.00%	\$20.24
Provider # 383	71	\$158.15	100.00%	\$158.15
Provider # 48				
Provider # 64				
Provider # 492	10	\$9.65	100.00%	\$9.65
Provider # 96	0	\$0.00	0.00%	\$0.00
Provider # 234				
Provider # 244				
Provider # 85	317	\$108.00	100.00%	\$108.00
Provider # 232				
Provider # 359				
Provider # 20				
Provider # 9				
Provider # 352	7	\$46.60	0.00%	\$0.00
Provider # 176	2		0.00%	\$0.00
Provider # 219	650	\$40.00	100.00%	\$40.00
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1				
Provider # 67	69	\$17.34	0.00%	\$0.00
Provider # 132				

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Short Term Disability Data Reported by Providers

**Provider Specific Responses
to Benefit Coverage**

Provider	STD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	40	Varies	0.00%	\$0.00
Provider # 394	347	\$18.94	100.00%	\$18.94
Provider # 383	140	\$181.95	100.00%	
Provider # 48	8			\$31.00
Provider # 64				
Provider # 492	10	\$9.00		\$9.00
Provider # 96				
Provider # 234	8			\$0.00
Provider # 244				
Provider # 85			0.00%	
Provider # 232				
Provider # 359	5	\$206.08	0.00%	\$0.00
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176	2			\$0.00
Provider # 219	0			
Provider # 381				
Provider # 349			0.00%	\$0.00
Provider # 235				
Provider # 1	46	\$19.75	100.00%	
Provider # 67	62	\$22.59		\$0.00
Provider # 132				

**Provider Specific Responses
to Benefit Coverage - 'Cleaned Data'**

Provider	STD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	40	Varies	0.00%	\$0.00
Provider # 394	347	\$18.94	100.00%	\$18.94
Provider # 383	140	\$181.95	100.00%	\$181.95
Provider # 48	8		0.00%	\$31.00
Provider # 64				
Provider # 492	10	\$9.00	100.00%	\$9.00
Provider # 96				
Provider # 234	8		0.00%	\$0.00
Provider # 244				
Provider # 85				
Provider # 232				
Provider # 359	5	\$206.08	0.00%	\$0.00
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176	2		0.00%	\$0.00
Provider # 219				
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1	46	\$19.75	100.00%	\$19.75
Provider # 67	62	\$22.59	0.00%	\$0.00
Provider # 132				

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Short Term Disability Data Reported by Providers

	STD			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	40	Varies	0.00%	\$0.00
Provider # 394	347	\$18.94	100.00%	\$18.94
Provider # 383	140	\$181.95	100.00%	\$181.95
Provider # 48	8		0.00%	\$31.00
Provider # 64				
Provider # 492	10	\$9.00	100.00%	\$9.00
Provider # 96				
Provider # 234	8		0.00%	\$0.00
Provider # 244				
Provider # 85				
Provider # 232				
Provider # 359	5	\$206.08	0.00%	\$0.00
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176	2		0.00%	\$0.00
Provider # 219				
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1	46	\$19.75	100.00%	\$19.75
Provider # 67	62	\$22.59	0.00%	\$0.00
Provider # 132				

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Employee Assistance Program Data Reported by Providers

**Provider Specific Responses
to Benefit Coverage**

Provider	EAP			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	489	\$0.68	100.00%	
Provider # 394				
Provider # 383				
Provider # 48	961	\$2.40		\$2.40
Provider # 64				
Provider # 492	13	\$12.18		\$0.00
Provider # 96				
Provider # 234				
Provider # 244				
Provider # 85				
Provider # 232				
Provider # 359	0			
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176				
Provider # 219	425	\$1.10	100.00%	
Provider # 381				
Provider # 349			0.00%	\$0.00
Provider # 235				
Provider # 1				
Provider # 67	375	\$1.50		\$1.50
Provider # 132				

**Provider Specific Responses
to Benefit Coverage - 'Cleaned Data'**

Provider	EAP			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	489	\$0.68	100.00%	\$0.68
Provider # 394				
Provider # 383				
Provider # 48	961	\$2.40	100.00%	\$2.40
Provider # 64				
Provider # 492	13	\$12.18	0.00%	\$0.00
Provider # 96				
Provider # 234				
Provider # 244				
Provider # 85				
Provider # 232				
Provider # 359				
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176				
Provider # 219	425	\$1.10	100.00%	\$1.10
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1				
Provider # 67	375	\$1.50	100.00%	\$1.50
Provider # 132				

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Employee Assistance Program Data Reported by Providers

Provider	EAP			
	Single Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116				
Provider # 32				
Provider # 378	489	\$0.68	100.00%	\$0.68
Provider # 394				
Provider # 383				
Provider # 48	961	\$2.40	100.00%	\$2.40
Provider # 64				
Provider # 492	13	\$12.18	0.00%	\$0.00
Provider # 96				
Provider # 234				
Provider # 244				
Provider # 85				
Provider # 232				
Provider # 359				
Provider # 20				
Provider # 9				
Provider # 352				
Provider # 176				
Provider # 219	425	\$1.10	100.00%	\$1.10
Provider # 381				
Provider # 349				
Provider # 235				
Provider # 1				
Provider # 67	375	\$1.50	100.00%	\$1.50
Provider # 132				

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Other Coverage Premium Data Reported by Providers

Provider Specific Responses to Benefit Coverage

Provider	Other Coverage															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116																
Provider # 32																
Provider # 378																
Provider # 394	347	\$5.81	100.00%	\$5.81												
Provider # 383	140	\$60.96	100.00%		0		0.00%									
Provider # 48																
Provider # 64	55		100.00%	\$6.68									37		100.00%	\$6.68
Provider # 492	36	\$14.95		\$2.93	1	\$59.86		\$0.00					3	\$39.86		\$0.00
Provider # 96	33	\$47.85	100.00%										45	\$92.25	100.00%	
Provider # 234	8	\$590.37		\$494.91	1	\$21.90		\$21.90	2	\$127.18		\$95.08	3	\$256.03		\$241.63
Provider # 244																
Provider # 85	317	\$53.00	100.00%													
Provider # 232																
Provider # 359	0				0											
Provider # 20																
Provider # 9	7	\$8.85		\$8.85												
Provider # 352	64	\$7.18	100.00%	\$7.18	0				2	\$7.68	93.49%	\$7.18	0			
Provider # 176	41	\$13.00		\$13.00												
Provider # 219																
Provider # 381																
Provider # 349			0.00%	\$0.00			0.00%	\$0.00			0.00%	\$0.00			0.00%	\$0.00
Provider # 235																
Provider # 1																
Provider # 67	275	\$1.70		\$1.70												
Provider # 132	250	\$4.00	100.00%													

Provider Specific Responses to Benefit Coverage - "Cleaned Data"

Provider	Other Coverage															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116																
Provider # 32																
Provider # 378																
Provider # 394	347	\$5.81	100.00%	\$5.81												
Provider # 383	140	\$60.96	100.00%	\$60.96												
Provider # 48																
Provider # 64	55		100.00%	\$6.68									37		100.00%	\$6.68
Provider # 492	36	\$14.95	19.57%	\$2.93	1	\$59.86	0.00%	\$0.00					3	\$39.86	0.00%	\$0.00
Provider # 96	33	\$47.85	100.00%	\$47.85									45	\$92.25	100.00%	\$92.25
Provider # 234	8	\$590.37	83.83%	\$494.91	1	\$21.90	100.00%	\$21.90	2	\$127.18	74.76%	\$95.08	3	\$256.03	94.38%	\$241.63
Provider # 244																
Provider # 85	317	\$53.00	100.00%	\$53.00												
Provider # 232																
Provider # 359																
Provider # 20																
Provider # 9	7	\$8.85	100.00%	\$8.85												
Provider # 352	64	\$7.18	100.00%	\$7.18					2	\$7.68	93.49%	\$7.18				
Provider # 176	41	\$13.00	0.00%	\$13.00												
Provider # 219																
Provider # 381																
Provider # 349																
Provider # 235																
Provider # 1																
Provider # 67	275	\$1.70	100.00%	\$1.70												
Provider # 132	250	\$4.00	100.00%	\$4.00												

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Other Coverage Premium Data Reported by Providers

Provider	Other Coverage															
	Single Coverage				Employee + Spouse				Employee + Child				Family Coverage			
	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion	Enrolled	Tot Premium	% ER Portion	\$ ER Portion
Provider # 116																
Provider # 32																
Provider # 378																
Provider # 394	347	\$5.81	100.00%	\$5.81												
Provider # 383	140	\$60.96	100.00%	\$60.96												
Provider # 48																
Provider # 64	55		100.00%	\$6.68									37		100.00%	\$6.68
Provider # 492	36	\$14.95	19.57%	\$2.93	1	\$59.86	0.00%	\$0.00					3	\$39.86	0.00%	\$0.00
Provider # 96	33	\$47.85	100.00%	\$47.85									45	\$92.25	100.00%	\$92.25
Provider # 234	8	\$590.37	83.83%	\$494.91	1	\$21.90	100.00%	\$21.90	2	\$127.18	74.76%	\$95.08	3	\$256.03	94.38%	\$241.63
Provider # 244																
Provider # 85	317	\$53.00	100.00%	\$53.00												
Provider # 232																
Provider # 359																
Provider # 20																
Provider # 9	7	\$8.85	100.00%	\$8.85												
Provider # 352	64	\$7.18	100.00%	\$7.18					2	\$7.68	93.49%	\$7.18				
Provider # 176	41	\$13.00	0.00%	\$13.00												
Provider # 219																
Provider # 381																
Provider # 349																
Provider # 235																
Provider # 1																
Provider # 67	275	\$1.70	100.00%	\$1.70												
Provider # 132	250	\$4.00	100.00%	\$4.00												

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Benefits Coverage Data Reported by Providers

Benefits Coverage Related Questions

3.1 Are Direct Service Staff Eligible to Receive Health Insurance? (Yes/No)
3.2 Are Part-Time employees Eligible for Health Insurance? (Yes/No)
3.3 If Direct Service Staff Are Eligible for Health Insurance, is there a waiting period before staff are eligible for Health Insurance?

Provider Specific Responses by Question Number

Provider	3.1	3.2	3.3	Enrollees								Dir Svc FTEs	Revenue, DDD
				Health	Dental	Vision	LTD	STD	EAP	Other	Max		
Provider # 116	Yes	No	After 60 Days Employment	9	9	9	0	0	0	0	9	35.95	\$1,420,000
Provider # 32	Yes	No	After 30 Days Employment	68	48	0	0	0	0	0	68	536.96	\$12,989,118
Provider # 378	Yes	No	After 30 Days Employment	142	142	113	0	40	489	0	489	1,078.40	\$32,043,358
Provider # 394	Yes	No	After 90 Days Employment	260	320	0	347	347	0	347	347	253.15	\$7,793,705
Provider # 383	Yes	No	After 90 Days Employment	97	109	55	71	140	0	140	140	105.85	\$4,910,566
Provider # 48	Yes	No	After 90 Days Employment	181	166	85	0	8	961	0	961	78.25	\$4,482,238
Provider # 64	Yes	No	After 120 Days Employment	23	33	0	0	0	0	92	92	217.81	\$26,869,170
Provider # 492	Yes	Yes	After 90 Days Employment	79	117	43	10	10	13	40	117	764.20	\$18,570,171
Provider # 96	Yes	No	After 90 Days Employment	45	151	0	0	0	0	78	151	129.00	\$5,191,221
Provider # 234	Yes	No	After 90 Days Employment	10	8	1	0	8	0	14	14	3.00	\$2,449,228
Provider # 244	Yes	No	After 60 Days Employment	55	12	0	0	0	0	0	55	198.20	\$7,804,282
Provider # 85	Yes	No	After 30 Days Employment	242	0	0	317	0	0	317	317	158.08	\$9,588,071
Provider # 232	Yes	Yes	After 60 Days Employment	25	0	0	0	0	0	0	25	23.25	\$2,200,000
Provider # 359	No	No	0	7	1	0	0	5	0	0	7	22.50	\$830,687
Provider # 20	No	No	0	12	0	0	0	0	0	0	12	70.40	\$1,120,744
Provider # 9	Yes	No	After 90 Days Employment	8	8	8	0	0	0	7	8	9.36	\$435,845
Provider # 352	Yes	No	After 180 Days Employment	59	20	0	7	0	0	66	66	109.07	\$3,982,931
Provider # 176	Yes	No	After 90 Days Employment	30	31	0	2	2	0	41	41	14.00	\$1,100,960
Provider # 219	Yes	No	After 90 Days Employment	199	216	136	650	0	425	0	650	309.00	\$10,679,112
Provider # 381	Yes	No	After 90 Days Employment	27	27	0	0	0	0	0	27	0.70	\$43,917
Provider # 349	Yes	Yes	After 90 Days Employment	114	129	0	0	0	0	0	129	57.47	\$8,655,635
Provider # 235	Yes	No	After 30 Days Employment	55	59	0	0	0	0	0	59	125.70	\$4,480,800
Provider # 1	Yes	No	After 90 Days Employment	28	30	0	0	46	0	0	46	85.00	\$2,916,146
Provider # 67	Yes	No	After 90 Days Employment	145	143	74	69	62	375	275	375	213.43	\$10,633,702
Provider # 132	Yes	No	After 90 Days Employment	225	183	47	0	0	0	250	250	391.25	\$17,616,622

(1) Provider indicates "No" for Q3.1, but enrollment is noted with no contribution from provider

(2) Provider indicates "No" for Q3.1, but enrollment is noted with contribution from provider

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Benefits Coverage Data Reported by Providers

Provider Specific Responses by Question Number

Provider	3.1	3.2	3.3	Enrollees								Dir Svc FTEs	Revenue, DDD
				Health	Dental	Vision	LTD	STD	EAP	Other	Max		
Provider # 116	Yes	No	After 60 Days Employment	9	9	9					9	35.95	\$1,420,000
Provider # 32	Yes	No	After 30 Days Employment	68	48						68	536.96	\$12,989,118
Provider # 378	Yes	No	After 30 Days Employment	142	142	113		40	489		489	1,078.40	\$32,043,358
Provider # 394	Yes	No	After 90 Days Employment	260	320		347	347		347	347	253.15	\$7,793,705
Provider # 383	Yes	No	After 90 Days Employment	97	109	55	71	140		140	140	105.85	\$4,910,566
Provider # 48	Yes	No	After 90 Days Employment	181	166	85		8	961		961	78.25	\$4,482,238
Provider # 64	Yes	No	After 120 Days Employment	23	33					92	92	217.81	\$26,869,170
Provider # 492	Yes	Yes	After 90 Days Employment	79	117	43	10	10	13	40	117	764.20	\$18,570,171
Provider # 96	Yes	No	After 90 Days Employment	45	151					78	151	129.00	\$5,191,221
Provider # 234	Yes	No	After 90 Days Employment	10	8	1		8		14	14	3.00	\$2,449,228
Provider # 244	Yes	No	After 60 Days Employment	55	12						55	198.20	\$7,804,282
Provider # 85	Yes	No	After 30 Days Employment	242			317			317	317	158.08	\$9,588,071
Provider # 232	Yes	Yes	After 60 Days Employment	25							25	23.25	\$2,200,000
Provider # 359	No	No	NR	7	1			5			7	22.50	\$830,687
Provider # 20	No	No	NR	12							12	70.40	\$1,120,744
Provider # 9	Yes	No	After 90 Days Employment	8	8	8				7	8	9.36	\$435,845
Provider # 352	Yes	No	After 180 Days Employment	59	20		7			66	66	109.07	\$3,982,931
Provider # 176	Yes	No	After 90 Days Employment	30	31		2	2		41	41	14.00	\$1,100,960
Provider # 219	Yes	No	After 90 Days Employment	199	216	136	650		425		650	309.00	\$10,679,112
Provider # 381	Yes	No	After 90 Days Employment	27	27						27	0.70	\$43,917
Provider # 349	Yes	Yes	After 90 Days Employment	114	129						129	57.47	\$8,655,635
Provider # 235	Yes	No	After 30 Days Employment	55	59						59	125.70	\$4,480,800
Provider # 1	Yes	No	After 90 Days Employment	28	30			46			46	85.00	\$2,916,146
Provider # 67	Yes	No	After 90 Days Employment	145	143	74	69	62	375	275	375	213.43	\$10,633,702
Provider # 132	Yes	No	After 90 Days Employment	225	183	47				250	250	391.25	\$17,616,622

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 FUTA-SUTA & Workers' Compensation Data

AZ State Unemployment FUTA/SUTA & Workers' Comp Rates for 2006

Provider	FUTA/SUTA Rate	Workers' Compensation Rate
Provider # 116	0.0173	0.0295
Provider # 132	0.0040	0.0184
Provider # 32		0.0200
Provider # 378		0.0173
Provider # 394		0.0200
Provider # 383	0.0064	0.0374
Provider # 48	0.0100	0.0250
Provider # 64	0.0022	0.0000
Provider # 492	0.0203	0.0217
Provider # 96		0.0180
Provider # 234		0.0217
Provider # 244	0.0177	0.0280
Provider # 85	0.0100	0.0000
Provider # 232	0.0131	0.0000
Provider # 359	0.0121	0.0182
Provider # 20	0.0270	0.0130
Provider # 9	0.0140	0.0366
Provider # 352	0.0121	0.0000
Provider # 176		0.0167
Provider # 219	0.0153	0.0000
Provider # 381	0.0080	0.0000
Provider # 349	0.1770	0.0177
Provider # 235	0.0191	0.0246
Provider # 1	0.0153	0.0200
Provider # 67		0.0196

Provider Survey Data Wages

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Attendant Care - Wages

Detailed Wage Info for Non-Supervisors, Attendant Care

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Non-Sup Outlier
Provider # 381	Case Manager	14.85	1.00	0.00	0.10	0.10	1	1
Provider # 116	HCBS Specialist 1	8.60	0.50	0.00	0.30	0.15	.	.
Provider # 116	HCBS Specialist 3	10.80	0.50	0.00	0.30	0.15	.	.
Provider # 85	HCBS Direct Support	10.50	1.00	0.00	0.40	0.40	.	.
Provider # 352	Residential Aide - IDL	8.48	10.40	0.00	0.10	1.04	.	.
Provider # 1	Habilitation Worker	11.83	10.00	0.00	0.20	2.00	.	.
Provider # 132	Direct Support Profes	9.25	36.00	1.00	0.10	3.60	.	.
Provider # 20	Direct Support Provid	12.00	40.00	0.00	0.10	4.00	.	.
Provider # 244	AFC Provider	10.00	26.00	0.00	0.20	5.20	.	.
Provider # 244	ANC Provider	10.00	27.00	0.00	0.20	5.40	.	.
Provider # 394	Support Staff	9.75	31.85	3.25	0.20	6.37	.	.
Provider # 85	HCBS Provider	9.25	20.00	0.00	0.40	8.00	.	.
Provider # 244	RSP Provider	9.50	66.00	0.00	0.20	13.20	.	.
Provider # 232	Attendant/Respite	11.00	18.00	0.00	0.80	14.40	.	.
Provider # 244	HAH Provider	11.50	81.00	0.00	0.20	16.20	.	.
Provider # 64	Direct Support Provid	8.69	59.10	4.35	0.30	17.73	.	.
Provider # 32	Direct Support Proffe	8.18	133.00	0.06	0.20	26.60	.	.
Provider # 1	Direct Service Profes	9.17	75.00	0.00	0.60	45.00	.	.
Provider # 235	HomeCare Worker	9.93	119.20	15.70	0.40	47.68	.	.
Provider # 219	Direct Service Provid	9.53	106.00	5.00	0.50	53.00	.	.
Provider # 378	Personal Service Atte	9.38	392.00	0.00	0.40	156.80	.	.
Provider # 492	Direct Care Staff	11.72	746.00	0.00	0.30	223.80	.	.

650.82

Detailed Wage Info for Supervisors, Attendant Care

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 116	HCBS Specialist 2	9.52	0.50	0.00	0.30	0.15	.	.
Provider # 381	Director of Transition	15.38	1.00	0.00	0.20	0.20	1	.
Provider # 219	DSP Supervisor	13.72	2.00	0.00	0.10	0.20	1	.
Provider # 394	Program Coordinator	20.43	1.00	0.00	0.20	0.20	1	1
Provider # 132	HCBS Coordinators	12.50	8.00	0.00	0.10	0.80	.	.
Provider # 352	Residential Manager	12.67	3.00	0.00	0.50	1.50	.	.
Provider # 394	Lead Support Staff	11.50	8.00	0.00	0.20	1.60	.	.
Provider # 32	Coordinator	13.21	14.00	0.00	0.20	2.80	1	.

7.45

Detailed Wage Info for Contractors, Attendant Care

Provider Name	Title		Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 234	Attendant Care Spec	Non-Supervis	10.25	6	0	1	6

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, Support - Wages

Detailed Wage Info for Non-Supervisors, Habilitation, Support

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Non-Sup Outlier
Provider # 116	HCBS Specialist 1	8.60	0.50	0.00	0.30	0.15	.	
Provider # 116	HCBS Specialist 3	10.80	0.50	0.00	0.30	0.15	.	
Provider # 85	HCBS Direct Support	10.50	1.00	0.00	0.20	0.20	.	
Provider # 132	Direct Support Profes	9.25	36.00	1.00	0.10	3.60	.	
Provider # 85	HCBS Provider	9.25	20.00	0.00	0.20	4.00	.	
Provider # 352	Residential Aide - ID	8.48	10.40	0.00	0.50	5.20	.	
Provider # 1	Direct Service Profes	9.17	75.00	0.00	0.10	7.50	.	
Provider # 1	Habilitation Worker	11.83	10.00	0.00	0.80	8.00	.	
Provider # 244	AFC Provider	10.00	26.00	0.00	0.40	10.40	.	
Provider # 244	ANC Provider	10.00	27.00	0.00	0.40	10.80	.	
Provider # 20	Direct Support Provi	12.00	40.00	0.00	0.50	20.00	.	
Provider # 219	Direct Service Provi	9.53	106.00	5.00	0.20	21.20	.	
Provider # 64	Direct Support Provi	8.69	59.10	4.35	0.40	23.64	.	
Provider # 244	RSP Provider	9.50	66.00	0.00	0.40	26.40	.	
Provider # 244	HAH Provider	11.50	81.00	0.00	0.40	32.40	.	
Provider # 235	HomeCare Worker	9.93	119.20	15.70	0.30	35.76	.	
Provider # 32	Direct Support Proffe	8.18	133.00	0.06	0.30	39.90	.	
Provider # 378	Personal Service Att	9.38	392.00	0.00	0.30	117.60	.	
Provider # 492	Direct Care Staff	11.72	746.00	0.00	0.30	223.80	.	
590.70								

Detailed Wage Info for Supervisors, Habilitation, Support

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 394	Program Coordinator	20.43	1.00	0.00	0.10	0.10	1	1
Provider # 116	HCBS Specialist 2	9.52	0.50	0.00	0.30	0.15	.	1
Provider # 219	DSP Supervisor	13.72	2.00	0.00	0.10	0.20	1	.
Provider # 352	Residential Manager	12.67	3.00	0.00	0.10	0.30	.	.
Provider # 132	HCBS Coordinators	12.50	8.00	0.00	0.10	0.80	.	.
Provider # 394	Lead Support Staff	11.50	8.00	0.00	0.10	0.80	.	.
Provider # 32	Coordinator	13.21	14.00	0.00	0.20	2.80	1	.
5.15								

Detailed Wage Info for Contractors, Habilitation, Support

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 234	Habilitation Specialist Non-Supervisor	11.25	6	0	1	6

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Housekeeping - Wages

Detailed Wage Info for Non-Supervisors, Housekeeping

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 232	Homemaker	11.00	5.25	0.00	1.00	5.25	.	.

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
<i>None Reported</i>								

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Respite - Wages

Detailed Wage Info for Non-Supervisors, Respite

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 116	HCBS Specialist 1	8.60	0.50	0.00	0.40	0.20	.	.
Provider # 116	HCBS Specialist 3	10.80	0.50	0.00	0.40	0.20	.	.
Provider # 85	HCBS Direct Support	10.50	1.00	0.00	0.40	0.40	.	.
Provider # 132	Direct Support Profe	9.25	36.00	1.00	0.10	3.60	.	.
Provider # 232	Attendant/Respite	11.00	18.00	0.00	0.20	3.60	.	.
Provider # 352	Residential Aide - ID	8.48	10.40	0.00	0.40	4.16	.	.
Provider # 394	Support Staff	9.75	31.85	3.25	0.20	6.37	.	.
Provider # 244	AFC Provider	10.00	26.00	0.00	0.30	7.80	.	.
Provider # 85	HCBS Provider	9.25	20.00	0.00	0.40	8.00	.	.
Provider # 20	Direct Support Provi	12.00	40.00	0.00	0.20	8.00	.	.
Provider # 244	ANC Provider	10.00	27.00	0.00	0.30	8.10	.	.
Provider # 1	Direct Service Profes	9.17	75.00	0.00	0.20	15.00	.	.
Provider # 64	Direct Support Provi	8.69	59.10	4.35	0.30	17.73	.	.
Provider # 244	RSP Provider	9.50	66.00	0.00	0.30	19.80	.	.
Provider # 219	Direct Service Provi	9.53	106.00	5.00	0.20	21.20	.	.
Provider # 244	HAH Provider	11.50	81.00	0.00	0.30	24.30	.	.
Provider # 235	HomeCare Worker	9.93	119.20	15.70	0.30	35.76	.	.
Provider # 32	Direct Support Proffe	8.18	133.00	0.06	0.40	53.20	.	.
Provider # 378	Personal Service Att	9.38	392.00	0.00	0.30	117.60	.	.
Provider # 492	Direct Care Staff	11.72	746.00	0.00	0.40	298.40	.	.

653.42

Detailed Wage Info for Supervisors, Respite

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 394	Program Coordinato	20.43	1.00	0.00	0.10	0.10	1	1
Provider # 116	HCBS Specialist 2	9.52	0.50	0.00	0.40	0.20	.	1
Provider # 132	HCBS Coordinators	12.50	8.00	0.00	0.10	0.80	.	.
Provider # 394	Lead Support Staff	11.50	8.00	0.00	0.10	0.80	.	.
Provider # 32	Coordinator	13.21	14.00	0.00	0.40	5.60	1	.

7.50

Detailed Wage Info for Contractors, Respite

Provider Name	Title		Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 234	Respite Specialist	Non-Supervisor	9.25	6	0	1	6

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, IDLA - Wages

Detailed Wage Info for Non-Supervisors, Habilitation, IDLA

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 381	Case Manager	14.85	1.00	0.00	0.20	0.20	1	1
Provider # 383	Program Specialist	14.41	0.50	0.10	1.00	0.50	1	1
Provider # 1	Direct Service Profes	9.17	75.00	0.00	0.10	7.50	.	.
Provider # 383	Direct Support Profe	9.50	8.00	1.00	1.00	8.00	.	.
Provider # 20	Direct Support Provi	12.00	40.00	0.00	0.20	8.00	.	1
Provider # 219	Direct Service Provi	9.53	106.00	5.00	0.10	10.60	.	.
Provider # 96	Direct Care Staff	9.00	11.00	5.00	1.00	11.00	.	.
Provider # 32	Direct Support Proffe	8.18	133.00	0.06	0.10	13.30	.	.
Provider # 394	Support Staff	9.75	31.85	3.25	0.60	19.11	.	.
Provider # 132	Direct Support Profe	9.25	36.00	1.00	0.70	25.20	.	.
Provider # 378	Direct Service Empl	9.38	30.00	5.00	1.00	30.00	.	.

133.41

Detailed Wage Info for Supervisors, Habilitation, IDLA

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 381	Director of Transition	15.38	1.00	0.00	0.20	0.20	1	.
Provider # 383	Program Coordinato	16.75	0.50	0.00	1.00	0.50	1	1
Provider # 394	Program Coordinato	20.43	1.00	0.00	0.60	0.60	1	1
Provider # 383	Program Manager	13.10	1.00	0.25	1.00	1.00	1	.
Provider # 96	Lead Direct Care Sta	10.00	1.00	0.00	1.00	1.00	.	.
Provider # 352	Residential Manager	12.67	3.00	0.00	0.40	1.20	.	.
Provider # 219	DSP Supervisor	13.72	2.00	0.00	0.80	1.60	1	.
Provider # 32	Coordinator	13.21	14.00	0.00	0.20	2.80	1	.
Provider # 394	Lead Support Staff	11.50	8.00	0.00	0.60	4.80	.	.
Provider # 132	HCBS Coordinators	12.50	8.00	0.00	0.70	5.60	.	.

19.30

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Adult Day Treatment & Training - Wages

Detailed Wage Info for Non-Supervisors, Adult Day Treatment and Training

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 9	Household Coordinator	13.50	0.40	0.00	0.50	0.20	1	1
Provider # 48	Transportation Dispa	9.42	1.00	0.00	0.90	0.90	.	.
Provider # 219	DTA Program Coordi	13.99	1.00	0.00	1.00	1.00	1	1
Provider # 219	Medication Technicia	10.18	1.00	0.00	1.00	1.00	.	.
Provider # 9	Caregiver	9.10	3.45	0.00	1.00	3.45	.	.
Provider # 383	Rehabilitation Tech	9.25	3.50	0.50	1.00	3.50	.	.
Provider # 235	DTT Staff	10.05	22.70	0.50	0.20	4.54	.	.
Provider # 492	Day Treatment Instru	9.06	8.00	0.00	0.80	6.40	.	.
Provider # 67	LeadTech	9.42	10.00	0.33	0.70	7.00	.	.
Provider # 64	Lead Support Provide	9.59	9.72	0.04	1.00	9.72	.	.
Provider # 96	Direct Care Staff	9.00	17.00	3.00	0.70	11.90	.	.
Provider # 176	Day Treatment and T	9.89	14.00	0.00	0.90	12.60	.	.
Provider # 352	Day Program Aide	8.22	13.00	0.00	1.00	13.00	.	.
Provider # 20	Direct Service Provid	10.50	16.00	0.00	0.90	14.40	.	1
Provider # 244	DTA Staff Provider	10.50	15.00	0.00	1.00	15.00	.	1
Provider # 48	DTA Hab Specialist	7.90	16.00	1.75	1.00	16.00	.	.
Provider # 116	Program Advocate 2	9.90	18.00	0.10	0.90	16.20	.	.
Provider # 85	CDS Direct Support P	8.10	25.40	2.00	0.90	22.86	.	.
Provider # 64	Direct Support Provid	8.85	28.70	0.78	1.00	28.70	.	.
Provider # 394	Support Staff	9.38	32.63	0.13	0.90	29.37	.	.
Provider # 219	Direct Support Provid	8.95	37.00	2.00	1.00	37.00	.	.
Provider # 67	Hab Assistant	8.99	46.95	4.42	0.80	37.56	.	.
Provider # 378	Direct Service Emplo	8.79	48.00	4.00	0.90	43.20	.	.
Provider # 132	Direct Support Profes	9.25	48.75	0.50	0.90	43.88	.	.
Provider # 32	Direct Support Proffe	9.37	56.00	2.92	1.00	56.00	.	.

435.37

Detailed Wage Info for Supervisors, Adult Day Treatment and Training

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 9	Executive Director	21.63	0.10	0.00	0.10	0.01	1	1
Provider # 9	Program Manager	13.46	0.25	0.00	0.20	0.05	1	.
Provider # 383	Program Coordinator	17.75	1.00	0.00	0.40	0.40	1	1
Provider # 492	Day Treatment Coord	12.02	1.00	0.00	0.70	0.70	.	.
Provider # 96	Lead Direct Care Sta	10.00	1.00	0.00	0.70	0.70	.	.
Provider # 244	DTA Activities Coord	16.00	1.00	0.00	0.80	0.80	1	1
Provider # 394	Program Coordinator	19.15	2.00	0.00	0.40	0.80	1	1
Provider # 394	Lead Staff	11.00	10.00	0.00	0.10	1.00	.	.
Provider # 48	DTA Supervisor	10.45	1.00	0.00	1.00	1.00	.	.
Provider # 352	Day Program Manag	18.50	1.00	0.00	1.00	1.00	1	1
Provider # 352	Day Program Superv	9.50	1.00	0.00	1.00	1.00	.	.
Provider # 244	DTA Supervisor	13.50	2.00	0.00	0.70	1.40	1	.
Provider # 48	DTA Lead	9.23	2.00	0.00	1.00	2.00	.	.
Provider # 378	Team Lead	11.17	6.00	4.00	0.80	4.80	.	.
Provider # 394	Program Supervisor	12.00	6.00	0.00	0.80	4.80	.	.
Provider # 85	CDS Direct Support P	10.66	6.00	0.32	1.00	6.00	.	.
Provider # 219	DTA Supervisor	11.42	7.00	0.00	1.00	7.00	.	.
Provider # 132	Program Manager	12.75	8.00	0.00	0.90	7.20	1	.
Provider # 32	Team Leader	11.93	8.00	0.00	1.00	8.00	.	.
Provider # 67	Supervisors	12.80	10.91	0.00	0.90	9.82	1	.

58.48

Provider Name	Title		Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 48	Contracted Staff as D	Non-Supervis	18.75	2.00	0.00	1.00	2.00

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Child Day Treatment & Training - Wages

Detailed Wage Info for Non-Supervisors, Child Day Treatment and Training

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 116	Program Advocate 3	12.20	2.00	0.10	0.90	1.80	.	1
Provider # 20	Direct Support Provid	10.50	3.00	0.00	0.90	2.70	.	.
Provider # 116	Program Advocate 1	8.85	11.00	0.10	0.90	9.90	.	.
Provider # 235	DTT Staff	10.05	22.70	0.50	0.60	13.62	.	.
Provider # 394	Summer Program Sta	9.50	25.25	0.00	1.00	25.25	.	.

53.27

Detailed Wage Info for Supervisors, Child Day Treatment and Training

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 394	Program Coordinator	19.15	2.00	0.00	0.20	0.40	1	1
Provider # 116	Program Advocate 4	12.40	4.00	0.25	0.90	3.60	1	.
Provider # 394	Lead Staff	11.00	10.00	0.00	0.60	6.00	.	.
Provider # 20	Direct Support Provid	10.50	9.00	0.00	0.90	8.10	.	.

18.10

Detailed Wage Info for Contractors, Child Day Treatment and Training

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 48	Coctracted Staff as D Non-Supervis	18.75	2.00	0.00	1.00	2.00

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Developmental Home, Child - Wages

Detailed Wage Info for Non-Supervisors, Developmental Home, Child

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 64	Foster Care Specialis	15.25	2.00	0.00	0.20	0.40	.	
Provider # 234	Family Support Coord	16.13	2.00	0.00	0.30	0.60	.	

1.00

Detailed Wage Info for Supervisors, Developmental Home, Child

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 32	Assisatant Director A	16.80	1.00	0.00	0.50	0.50	.	
Provider # 234	Family Support Direc	19.46	1.00	0.00	0.30	0.30	.	
Provider # 244	Developmental Home	25.00	1.00	0.00	0.20	0.20	.	

1.00

Detailed Wage Info for Contractors, Developmental Home, Child

Provider Name	Title		Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 244	CDH Provider	Non-Supervis	132.50	2.00	0.00	1.00	2.00
Provider # 378	Mentors - Child Foste	Non-Supervis	9.00	10.00	0.00	1.00	10.00

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Developmental Home, Adult - Wages

Detailed Wage Info for Non-Supervisors, Developmental Home, Adult

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 64	Foster Care Specialis	15.25	2.00	0.00	0.80	1.60	.	.
Provider # 234	Family Support Coord	16.13	2.00	0.00	0.70	1.40	.	.
Provider # 352	Adult Developmental	7.13	2.00	0.00	1.00	2.00	.	.

5.00

Detailed Wage Info for Supervisors, Developmental Home, Adult

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 32	Assisatant Director A	16.80	1.00	0.00	0.50	0.50	.	.
Provider # 234	Family Support Direc	19.46	1.00	0.00	0.70	0.70	.	.
Provider # 244	Developmental Home	25.00	1.00	0.00	0.80	0.80	.	.

2.00

Detailed Wage Info for Contractors, Developmental Home, Child

Provider Name	Title		Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 244	ADH Provider	Non-Supervis	93.62	9.00	0.00	1.00	9.00
Provider # 378	Mentors - Adult Foste	Non-Supervis	9.00	51.00	0.00	1.00	51.00

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, Community Protection & Treatment - Wages

Detailed Wage Info for Non-Supervisors, Habilitation, Community Protection & Treatment

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 9	Household Coordinator	13.50	0.40	0.00	0.50	0.20	1	1
Provider # 32	Resource Specialist	14.59	7.00	0.03	0.10	0.70	1	1
Provider # 64	Lead Support Provider	9.60	26.92	1.67	0.10	2.69	.	.
Provider # 378	Direct Service Employee	8.42	50.00	0.00	0.10	5.00	.	.
Provider # 9	Caregiver	9.10	9.00	4.16	1.00	9.00	.	.
Provider # 64	Direct Support Provider	8.78	103.42	5.22	0.10	10.34	.	.
Provider # 132	Direct Support Professional	9.25	247.00	0.00	0.10	24.70	.	.
Provider # 32	Direct Support Professional	9.37	300.00	2.92	0.10	30.00	.	.

82.63

Detailed Wage Info for Supervisors, Habilitation, Community Protection & Treatment

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 9	Executive Director	21.63	0.10	0.00	0.10	0.01	1	1
Provider # 9	Program Manager	13.46	0.75	0.00	0.80	0.60	1	.
Provider # 32	Team Leader	11.93	24.00	0.11	0.10	2.40	1	.
Provider # 132	Program Manager	12.50	45.00	0.00	0.10	4.50	1	.

7.51

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, Group Home - Wages

Detailed Wage Info for Non-Supervisors, Habilitation, Group Home

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 383	Program Specialist	14.71	1.50	0.50	0.80	1.20	1	1
Provider # 20	Direct Support Provider	10.00	4.00	0.00	0.60	2.40	.	.
Provider # 349	medical appointment	8.65	3.00	0.00	1.00	3.00	.	.
Provider # 32	Resource Specialist	14.59	7.00	0.03	0.90	6.30	1	1
Provider # 492	Group Home Staff	10.50	9.00	0.00	1.00	9.00	.	1
Provider # 67	Hab 2	10.36	17.00	2.66	0.90	15.30	.	1
Provider # 219	DSP - Shift Lead	11.58	18.00	2.00	1.00	18.00	.	1
Provider # 64	Lead Support Provider	9.60	26.92	1.67	0.90	24.23	.	.
Provider # 349	mentor	10.14	35.17	0.00	1.00	35.17	.	.
Provider # 378	Direct Service Employee	8.42	50.00	0.00	0.90	45.00	.	.
Provider # 48	Community Living Specialist	8.11	55.00	10.00	1.00	55.00	.	.
Provider # 352	Residential Aide	9.43	72.66	2.99	1.00	72.66	.	.
Provider # 64	Direct Support Provider	8.78	103.42	5.22	0.90	93.08	.	.
Provider # 383	Direct Support Professional	9.30	100.00	15.00	1.00	100.00	.	.
Provider # 85	CLS Direct Support Professional	8.36	107.00	27.00	1.00	107.00	.	.
Provider # 96	Direct Care Staff	9.00	126.00	52.00	1.00	126.00	.	.
Provider # 67	Hab 1	9.48	131.10	17.10	1.00	131.10	.	.
Provider # 394	Support Staff	9.62	135.00	5.00	1.00	135.00	.	.
Provider # 219	Direct Service Provider	8.86	156.00	18.00	1.00	156.00	.	.
Provider # 132	Direct Support Professional	9.25	247.00	0.00	0.90	222.30	.	.
Provider # 32	Direct Support Professional	9.37	300.00	2.92	0.90	270.00	.	.
Provider # 378	Direct Service Employee	8.79	525.00	4.00	1.00	525.00	.	.

2152.74

Detailed Wage Info for Supervisors, Habilitation, Group Home

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 492	Group Home Coordinator	12.74	1.00	0.00	0.30	0.30	1	.
Provider # 383	Site Manager	11.59	1.50	0.50	1.00	1.50	.	.
Provider # 383	Program Coordinator	16.49	2.00	0.00	1.00	2.00	1	1
Provider # 349	Program Supervisor	14.47	4.50	0.00	0.90	4.05	1	.
Provider # 67	Hab 3	10.47	4.72	0.72	0.90	4.25	.	.
Provider # 48	Community Living Leader	9.27	6.00	0.00	1.00	6.00	.	.
Provider # 383	Program Manager	14.02	6.50	1.50	1.00	6.50	1	.
Provider # 48	Community Living Manager	10.58	7.00	0.00	1.00	7.00	.	.
Provider # 219	GH Coordinator	13.63	8.00	0.00	1.00	8.00	1	.
Provider # 352	Residential Manager	13.50	9.00	0.00	1.00	9.00	1	.
Provider # 85	CLS Support Coordinator	12.26	10.00	2.00	1.00	10.00	1	.
Provider # 96	Lead Direct Care Staff	10.50	11.00	5.00	1.00	11.00	.	.
Provider # 394	Lead Staff	15.34	12.00	0.00	1.00	12.00	1	1
Provider # 32	Team Leader	11.93	24.00	0.11	0.90	21.60	1	.
Provider # 67	Supervisors	12.64	24.00	1.99	0.90	21.60	1	.
Provider # 85	CLS Group Home Supervisor	9.16	29.00	9.00	1.00	29.00	.	.
Provider # 132	Program Manager	12.50	45.00	0.00	0.90	40.50	1	.
Provider # 378	Team Lead	11.17	60.00	4.00	0.80	48.00	.	.

242.30

Detailed Wage Info for Contractors, Habilitation, Group Home

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE
Provider # 48	ContractedCommunity Non-Supervisor	18.75	3.50	0.00	1.00	3.50

Contractors are excluded from the average wage calculations.

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Nursing - Wages

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 359	MSW	23.00	1.00	0.00	1.00	1.00	.	.
Provider # 359	RN	30.00	5.00	0.50	1.00	5.00	.	.
Provider # 359	LPN	20.59	7.00	0.50	1.00	7.00	.	.
Provider # 359	C N A	12.73	9.00	0.00	1.00	9.00	.	.

22.00

Provider Name	Title	Avg Wage	FTE	OT FTE	% Time in Svc	Weighted FTE	Total Outlier	Sup Outlier
Provider # 359	RN	30.25	5.00	0.00	0.30	1.50	.	.

1.50

**Provider Survey Data
Supervision & Turnover**

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Attendant Care - Turnover and Hours Supervision

Attendant Care - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 116	HCBS Specialist 1	81 - 100%	10	0.20	0.15	.	.
Provider # 116	HCBS Specialist 2	61 - 80%	10	0.20	0.15	.	.
Provider # 116	HCBS Specialist 3	61 - 80%	10	0.20	0.15	.	.
Provider # 132	HCBS Coordinators	< 20%	40	25.00	0.80	1	.
Provider # 132	Direct Support Professio	61 - 80%	40	0.50	3.60	.	.
Provider # 32	Coordinator	61 - 80%	80	20.00	2.80	1	1
Provider # 32	Direct Support Professio	61 - 80%	40	1.00	26.60	.	.
Provider # 378	Personal Service Attenda	41 - 60%	40	0.00	156.80	.	.
Provider # 394	Program Coordinator	< 20%	40	4.00	0.20	.	.
Provider # 394	Lead Support Staff	< 20%	40	5.00	1.60	1	.
Provider # 394	Support Staff	21 - 40%	40	2.00	6.37	.	.
Provider # 64	Direct Support Provider	61 - 80%	40	1.00	17.73	.	.
Provider # 492	Direct Care Staff	41 - 60%	0	1.00	223.80	.	.
Provider # 244	AFC Provider	< 20%	10	0.25	5.20	.	.
Provider # 244	ANC Provider	21 - 40%	10	1.00	5.40	.	.
Provider # 244	RSP Provider	21 - 40%	10	1.00	13.20	.	.
Provider # 244	HAH Provider	21 - 40%	30	1.00	16.20	.	.
Provider # 85	HCBS Direct Support Pro	21 - 40%	27	1.00	0.40	.	.
Provider # 85	HCBS Provider	41 - 60%	27	1.00	8.00	.	.
Provider # 232	Attendant/Respite	41 - 60%	0	0.00	14.40	.	.
Provider # 20	Direct Support Provider H	< 20%	15	0.25	4.00	.	.
Provider # 352	Residential Aide - IDLA	61 - 80%	22	5.00	1.04	1	.
Provider # 352	Residential Manager - ID	< 20%	22	5.00	1.50	1	.
Provider # 219	DSP Supervisor	21 - 40%	20	0.50	0.20	.	.
Provider # 219	Direct Service Provider	< 20%	40	0.50	53.00	.	.
Provider # 381	Case Manager	< 20%	40	5.00	0.10	1	.
Provider # 381	Director of Transitional H	< 20%	0	0.00	0.20	.	.
Provider # 235	HomeCare Worker	21 - 40%	17	1.00	47.68	.	.
Provider # 1	Habilitation Worker		26	0.00	2.00	.	.
Provider # 1	Direct Service Professio		24	0.00	45.00	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, Support - Turnover and Hours Supervision

Habilitation, Support - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 132	Direct Support Professional	61 - 80%	40.00	0.50	3.60	.	.
Provider # 132	HCBS Coordinators	< 20%	40.00	25.00	0.80	1	.
Provider # 32	Direct Support Professional	61 - 80%	40.00	1.00	39.90	.	.
Provider # 32	Coordinator	61 - 80%	80.00	20.00	2.80	1	1
Provider # 116	HCBS Specialist 1	81 - 100%	10.00	0.20	0.15	.	.
Provider # 116	HCBS Specialist 2	61 - 80%	10.00	0.20	0.15	.	.
Provider # 116	HCBS Specialist 3	61 - 80%	10.00	0.20	0.15	.	.
Provider # 378	Personal Service Attendant	41 - 60%	40.00	0.00	117.60	.	.
Provider # 394	Program Coordinator	< 20%	40.00	4.00	0.10	.	.
Provider # 394	Lead Support Staff	< 20%	40.00	5.00	0.80	1	.
Provider # 64	Direct Support Provider	61 - 80%	40.00	1.00	23.64	.	.
Provider # 492	Direct Care Staff	41 - 60%	0.00	1.00	223.80	.	.
Provider # 244	ANC Provider	21 - 40%	10.00	1.00	10.80	.	.
Provider # 244	AFC Provider	< 20%	10.00	0.25	10.40	.	.
Provider # 244	HAH Provider	21 - 40%	30.00	1.00	32.40	.	.
Provider # 244	RSP Provider	21 - 40%	10.00	1.00	26.40	.	.
Provider # 85	HCBS Direct Support Professional	21 - 40%	27.00	1.00	0.20	.	.
Provider # 85	HCBS Provider	41 - 60%	27.00	1.00	4.00	.	.
Provider # 20	Direct Support Provider	< 20%	15.00	0.25	20.00	.	.
Provider # 352	Residential Aide - IDLA	61 - 80%	22.00	5.00	5.20	1	.
Provider # 352	Residential Manager - IDLA	< 20%	22.00	5.00	0.30	1	.
Provider # 219	DSP Supervisor	21 - 40%	20.00	0.50	0.20	.	.
Provider # 219	Direct Service Provider	< 20%	40.00	0.50	21.20	.	.
Provider # 235	HomeCare Worker	21 - 40%	17.00	1.00	35.76	.	.
Provider # 1	Habilitation Worker		26.00	0.00	8.00	.	.
Provider # 1	Direct Service Professional		24.00	0.00	7.50	.	.

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Housekeeping - Turnover and Hours Supervision

Housekeeping - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 232	Homemaker	41 - 60%	0.00	0.00	5.25	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Respite - Turnover and Hours Supervision

Respite - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 116	HCBS Specialist 1	81 - 100%	10.00	0.20	0.20	.	.
Provider # 116	HCBS Specialist 2	61 - 80%	10.00	0.20	0.20	.	.
Provider # 116	HCBS Specialist 3	61 - 80%	10.00	0.20	0.20	.	.
Provider # 132	Direct Support Professional	61 - 80%	40.00	0.50	3.60	.	.
Provider # 132	HCBS Coordinators	< 20%	40.00	25.00	0.80	1	.
Provider # 32	Direct Support Professional	61 - 80%	40.00	1.00	53.20	.	.
Provider # 32	Coordinator	61 - 80%	80.00	20.00	5.60	1	1
Provider # 378	Personal Service Attendant	41 - 60%	40.00	0.00	117.60	.	.
Provider # 394	Support Staff	21 - 40%	40.00	2.00	6.37	.	.
Provider # 394	Program Coordinator	< 20%	40.00	4.00	0.10	.	.
Provider # 394	Lead Support Staff	< 20%	40.00	5.00	0.80	.	.
Provider # 64	Direct Support Provider	61 - 80%	40.00	1.00	17.73	.	.
Provider # 492	Direct Care Staff	41 - 60%	0.00	1.00	298.40	.	.
Provider # 244	ANC Provider	21 - 40%	10.00	1.00	8.10	.	.
Provider # 244	AFC Provider	< 20%	10.00	0.25	7.80	.	.
Provider # 244	HAH Provider	21 - 40%	30.00	1.00	24.30	.	.
Provider # 244	RSP Provider	21 - 40%	10.00	1.00	19.80	.	.
Provider # 85	HCBS Direct Support Provider	21 - 40%	27.00	1.00	0.40	.	.
Provider # 85	HCBS Provider	41 - 60%	27.00	1.00	8.00	.	.
Provider # 232	Attendant/Respite	41 - 60%	0.00	0.00	3.60	.	.
Provider # 20	Direct Support Provider	< 20%	15.00	0.25	8.00	.	.
Provider # 352	Residential Aide - IDLA	61 - 80%	22.00	5.00	4.16	.	.
Provider # 219	Direct Service Provider	< 20%	40.00	0.50	21.20	.	.
Provider # 235	HomeCare Worker	21 - 40%	17.00	1.00	35.76	.	.
Provider # 1	Direct Service Professional		24.00	0.00	15.00	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Habilitation, IDLA - Turnover and Hours Supervision

Habilitation, IDLA - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 132	Direct Support Professional	61 - 80%	40.00	0.50	25.20	.	.
Provider # 132	HCBS Coordinators	< 20%	40.00	25.00	5.60	.	.
Provider # 32	Direct Support Professional	61 - 80%	40.00	1.00	13.30	.	.
Provider # 32	Coordinator	61 - 80%	80.00	20.00	2.80	.	1
Provider # 378	Direct Service Employee	41 - 60%	40.00	2.00	30.00	.	.
Provider # 394	Program Coordinator	< 20%	40.00	4.00	0.60	.	.
Provider # 394	Lead Support Staff	< 20%	40.00	5.00	4.80	.	.
Provider # 394	Support Staff	21 - 40%	40.00	2.00	19.11	.	.
Provider # 383	Direct Support Professional	21 - 40%	80.00	15.00	8.00	.	1
Provider # 383	Program Manager	< 20%	80.00	10.00	1.00	.	1
Provider # 383	Program Specialist	< 20%	90.00	12.00	0.50	.	1
Provider # 383	Program Coordinator	< 20%	90.00	5.00	0.50	.	1
Provider # 96	Lead Direct Care Staff	21 - 40%	60.00	5.00	1.00	.	.
Provider # 96	Direct Care Staff	21 - 40%	60.00	40.00	11.00	1	.
Provider # 20	Direct Support Provider	< 20%	15.00	0.25	8.00	.	.
Provider # 352	Residential Manager - ID	< 20%	22.00	5.00	1.20	.	.
Provider # 381	Director of Transitional H	< 20%	0.00	0.00	0.20	.	1
Provider # 381	Case Manager	< 20%	40.00	5.00	0.20	.	.
Provider # 219	DSP Supervisor	21 - 40%	20.00	0.50	1.60	.	.
Provider # 219	Direct Service Provider	< 20%	40.00	0.50	10.60	.	.
Provider # 1	Direct Service Professional		24.00	0.00	7.50	.	.

Arizona Division of Developmental Disabilities
Provider Survey Data Analysis
Adult Day Treatment & Training - Turnover and Hours Supervision

Adult Day Treatment and Training - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 32	Direct Support Professional	61 - 80%	130.00	25.00	56.00	.	1
Provider # 32	Team Leader	61 - 80%	150.00	1.00	8.00	.	1
Provider # 378	Team Lead	41 - 60%	40.00	2.00	4.80	.	.
Provider # 383	Rehabilitation Tech	21 - 40%	40.00	3.00	3.50	.	.
Provider # 383	Program Coordinator	< 20%	40.00	5.00	0.40	.	.
Provider # 48	DTA Supervisor		40.00	4.00	1.00	.	.
Provider # 48	DTA Hab Specialist		40.00	0.00	16.00	.	.
Provider # 48	DTA Lead		40.00	6.00	2.00	.	.
Provider # 64	Direct Support Provider	81 - 100%	50.00	40.00	28.70	.	.
Provider # 64	Lead Support Provider	21 - 40%	50.00	40.00	9.72	.	.
Provider # 244	DTA Staff Provider	< 20%	50.00	40.00	15.00	.	.
Provider # 244	DTA Supervisor	< 20%	30.00	5.00	1.40	.	.
Provider # 244	DTA Activities Coordinator	< 20%	30.00	5.00	0.80	.	.
Provider # 85	CDS Direct Support Provider	61 - 80%	26.50	1.80	6.00	.	.
Provider # 9	Caregiver	< 20%	30.00	1.00	3.45	.	.
Provider # 9	Program Manager	81 - 100%	40.00	2.00	0.05	.	.
Provider # 9	Household Coordinator	< 20%	16.00	0.13	0.20	.	.
Provider # 9	Executive Director	< 20%	40.00	0.00	0.01	.	.
Provider # 352	Day Program Manager	< 20%	22.00	2.00	1.00	.	.
Provider # 352	Day Program Supervisor	< 20%	22.00	40.00	1.00	.	.
Provider # 352	Day Program Aide	< 20%	22.00	40.00	13.00	.	.
Provider # 219	DTA Supervisor	81 - 100%	20.00	1.00	7.00	.	.
Provider # 219	DTA Program Coordinator	21 - 40%	20.00	1.00	1.00	.	.
Provider # 219	Direct Support Provider	121 - 140%	20.00	1.00	37.00	.	.
Provider # 219	Medication Technician	81 - 100%	20.00	1.00	1.00	.	.
Provider # 132	Direct Support Professional	61 - 80%	40.00	40.00	43.88	.	.
Provider # 132	Program Manager	21 - 40%	40.00	10.00	7.20	.	.
Provider # 116	Program Advocate 2		120.00	15.00	16.20	.	.
Provider # 378	Direct Service Employee	41 - 60%	40.00	35.00	43.20	.	.
Provider # 394	Program Supervisor		40.00	10.00	4.80	.	.
Provider # 394	Support Staff		40.00	30.00	29.37	.	.
Provider # 48	Transportation Dispatcher		40.00	0.00	0.90	.	.
Provider # 492	Day Treatment Coordinator	< 20%	5.00	20.00	0.70	.	.
Provider # 492	Day Treatment Instructor	21 - 40%	5.00	20.00	6.40	.	.
Provider # 96	Lead Direct Care Staff	41 - 60%	60.00	20.00	0.70	.	.
Provider # 96	Direct Care Staff	41 - 60%	60.00	40.00	11.90	.	.
Provider # 85	CDS Direct Support Provider	81 - 100%	26.50	1.70	22.86	.	.
Provider # 20	Direct Service Provider	< 20%	15.00	35.00	14.40	.	.
Provider # 176	Day Treatment and Training	61 - 80%	16.00	0.50	12.60	.	.
Provider # 67	Supervisors	21 - 40%	40.00	1.00	9.82	.	.
Provider # 67	LeadTech	41 - 60%	20.00	40.00	7.00	.	.
Provider # 67	Hab Assistant	121 - 140%	20.00	40.00	37.56	.	.
Provider # 394	Program Coordinator		40.00	5.00	0.80	.	.
Provider # 394	Lead Staff		40.00	10.00	1.00	.	.
Provider # 235	DTT Staff	61 - 80%	17.00	5.00	4.54	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Child Day Treatment & Training - Turnover and Hours Supervision

Child Day Treatment and Training - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 394	Summer Program Staff		20.00	20.00	25.25	.	.
Provider # 116	Program Advocate 4		120.00	10.00	3.60	.	1
Provider # 116	Program Advocate 1		40.00	15.00	9.90	.	.
Provider # 116	Program Advocate 3		75.00	10.00	1.80	.	.
Provider # 20	Direct Support Provider I	< 20%	15.00	15.00	8.10	.	.
Provider # 20	Direct Support Provider I	< 20%	15.00	35.00	2.70	1	.
Provider # 394	Program Coordinator		40.00	5.00	0.40	.	.
Provider # 394	Lead Staff		40.00	10.00	6.00	.	.
Provider # 1	DTT Staff	61 - 80%	17.00	5.00	13.62	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Developmental Home, Child - Turnover and Hours Supervision

Developmental Home, Child - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 32	Assisatant Director ADH/	< 20%	130.00	20.00	0.50	.	.
Provider # 64	Foster Care Specialist		150.00	10.00	0.40	.	.
Provider # 234	Family Support Coordina	41 - 60%	50.00	7.00	0.60	.	.
Provider # 234	Family Support Director	< 20%	50.00	3.00	0.30	.	.
Provider # 244	Developmental Home Cd	< 20%	30.00	1.00	0.20	.	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Developmental Home, Child - Turnover and Hours Supervision

Developmental Home, Adult - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 32	Assisatant Director ADH/	< 20%	130.00	20.00	0.50	1	.
Provider # 64	Foster Care Specialist		150.00	10.00	1.60	.	.
Provider # 234	Family Support Coordina	41 - 60%	50.00	7.00	1.40	.	.
Provider # 234	Family Support Director	< 20%	50.00	3.00	0.70	.	.
Provider # 244	Developmental Home Co	< 20%	30.00	1.00	0.80	.	.
Provider # 352	Adult Developmental Ho	41 - 60%	22.00	6.00	2.00	.	.

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Habilitation, Community Protection & Treatment, Group Home - Turnover and Hours Supervision

Habilitation, Community Protection & Treatment Group Home - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 132	Direct Support Professional	61 - 80%	40.00	10.00	24.70	.	.
Provider # 132	Program Manager	21 - 40%	40.00	10.00	4.50	.	.
Provider # 32	Direct Support Professional	61 - 80%	130.00	20.00	30.00	.	.
Provider # 32	Team Leader	61 - 80%	130.00	5.00	2.40	.	.
Provider # 32	Resource Specialist	61 - 80%	130.00	10.00	0.70	.	.
Provider # 378	Direct Service Employee	41 - 60%	43.00	10.00	5.00	.	.
Provider # 64	Direct Support Provider	41 - 60%	48.00	2.00	10.34	.	.
Provider # 64	Lead Support Provider	21 - 40%	48.00	2.00	2.69	.	.
Provider # 9	Caregiver	< 20%	30.00	1.00	9.00	.	.
Provider # 9	Program Manager	81 - 100%	40.00	2.00	0.60	.	.
Provider # 9	Household Coordinator	< 20%	16.00	0.13	0.20	.	.
Provider # 9	Executive Director	< 20%	40.00	0.00	0.01	.	.

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Habilitation, Community Protection & Treatment, Group Home - Turnover and Hours Supervision

Habilitation, Community Protection & Treatment Group Home - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 378	Direct Service Employee	41 - 60%	43.00	10.00	45.00	.	.
Provider # 378	Team Lead	21 - 40%	43.00	2.00	48.00	.	.
Provider # 378	Direct Service Employee	41 - 60%	43.00	20.00	525.00	.	.
Provider # 394	Lead Staff		40.00	40.00	12.00	.	.
Provider # 394	Support Staff		40.00	40.00	135.00	.	.
Provider # 383	Program Specialist	< 20%	80.00	5.00	1.20	.	1
Provider # 383	Site Manager	< 20%	60.00	3.00	1.50	.	.
Provider # 383	Program Coordinator	< 20%	80.00	3.00	2.00	.	1
Provider # 383	Program Manager	21 - 40%	80.00	5.00	6.50	.	1
Provider # 383	Direct Support Profession	21 - 40%	80.00	4.00	100.00	.	1
Provider # 48	Community Living Lead		40.00	8.00	6.00	.	.
Provider # 48	Community Living Mana		40.00	4.00	7.00	.	.
Provider # 48	Community Living Spec		40.00	40.00	55.00	.	.
Provider # 64	Lead Support Provider	21 - 40%	48.00	2.00	24.23	.	.
Provider # 64	Direct Support Provider	41 - 60%	48.00	2.00	93.08	.	.
Provider # 492	Group Home Coordinato	< 20%	5.00	20.00	0.30	.	1
Provider # 492	Group Home Staff	21 - 40%	5.00	1.80	9.00	.	1
Provider # 96	Lead Direct Care Staff	21 - 40%	60.00	15.00	11.00	.	.
Provider # 96	Direct Care Staff	21 - 40%	60.00	40.00	126.00	.	.
Provider # 85	CLS Support Coordinato	41 - 60%	28.00	2.00	10.00	.	.
Provider # 85	CLS Group Home Super	41 - 60%	28.00	2.88	29.00	.	.
Provider # 85	CLS Direct Support Prov	21 - 40%	28.00	3.42	107.00	.	.
Provider # 20	Direct Support Provider	< 20%	15.00	2.00	2.40	.	.
Provider # 352	Residential Manager	< 20%	22.00	20.00	9.00	.	.
Provider # 352	Residential Aide	41 - 60%	22.00	30.00	72.66	.	.
Provider # 349	medical appointment spe	< 20%	45.00	5.00	3.00	.	.
Provider # 349	Program Supervisor	< 20%	25.00	5.00	4.05	.	.
Provider # 349	mentor	41 - 60%	65.00	40.00	35.17	.	.
Provider # 67	Hab 3	41 - 60%	30.00	40.00	4.25	.	.
Provider # 67	Hab 2	21 - 40%	20.00	40.00	15.30	.	.
Provider # 67	Supervisors	41 - 60%	40.00	5.00	21.60	.	.
Provider # 67	Hab 1	121 - 140%	20.00	40.00	131.10	.	.

Habilitation, Community Protection & Treatment Group Home - Detailed Train/Supv Info

Providers with FTEs reported, but no productivity reported

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE
Provider # 132	Program Manager	21 - 40%	40.00	10.00	40.50
Provider # 132	Direct Support Profession	61 - 80%	40.00	10.00	222.30
Provider # 32	Resource Specialist	61 - 80%	130.00	10.00	6.30
Provider # 32	Team Leader	61 - 80%	130.00	5.00	21.60
Provider # 32	Direct Support Proffesor	61 - 80%	130.00	20.00	270.00
Provider # 219	GH Coordinator	121 - 140%	30.00	1.00	8.00
Provider # 219	DSP - Shift Lead	141 - 160%	30.00	1.00	18.00
Provider # 219	Direct Service Provider	181 - 200%	30.00	1.00	156.00

Arizona Division of Developmental Disabilities

Provider Survey Data Analysis

Habilitation, Community Protection & Treatment, Group Home - Turnover and Hours Supervision

Habilitation, Nursing Supported Group Home - Detailed Train/Supv Info

	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 96	Nurses RN and LPN	21 - 40%	80.00	40.00	38.00	.	.
Provider # 96	Program Manager-Nurse	21 - 40%	80.00	5.00	7.00	1	.

Arizona Division of Developmental Disabilities
 Provider Survey Data Analysis
 Nursing - Turnover and Hours Supervision

Nursing - Detailed Train/Supv Info

Provider Name	Title	Turnover	Annual Training	Weekly Hrs Supervised	Weighted FTE	Supv Outlier	Train Outlier
Provider # 359	RN	41 - 60%	24.00		5.00	.	.
Provider # 359	RN (Supervisor)	< 20%			1.50	.	1
Provider # 359	LPN	61 - 80%	24.00		7.00	.	.
Provider # 359	C N A	81 - 100%	4.00		9.00	.	.
Provider # 359	MSW	< 20%	24.00		1.00	.	.

Provider Survey Data
Home & Community Based Services
Productivity

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Attendant Care

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Attendant Care

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 116	Yes	0.45	1.00	2.00	10.00	5.00	No	NR	0.25	0.50	15.00	0.00	NR	NR	NR	NR	NR	NR	NR	20.00
Provider # 32	Yes	29.40	2.00	4.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 378	Yes	156.80	3.00	2.50	40.00	6.00	Yes	0.25	0.00	0.50	11.00	0.80	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 394	Yes	8.17	3.00	4.00	40.00	16.00	Yes	0.25	0.00	0.50	15.00	0.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 64	Yes	17.73	1.00	3.00	42.00	10.00	Yes	0.25	0.00	0.50	15.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 492	Yes	223.80	2.00	3.86	24.00	7.00	Yes	0.25	0.00	0.50	20.00	0.50	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 234	Yes	0.00	3.00	2.50	10.00	10.00	No	0.25	0.00	0.75	10.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 244	Yes	40.00	3.00	2.50	20.00	10.00	Yes	0.25	> 1.50	1.00	20.00	0.10	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 85	Yes	8.40	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 232	Yes	14.40	3.00	2.50	20.00	6.00	Yes	0.25	1.50	0.50	6.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 20	Yes	4.00	1.00	4.00	20.00	12.00	Yes	0.25	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	2.54	1.00	1.91	76.00	22.00	No	NR	0.00	0.75	9.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 219	Yes	53.20	2.00	4.00	40.00	15.00	Yes	0.25	0.00	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	No	25.00
Provider # 381	Yes	0.30	6.00	1.50	15.00	10.00	No	0.00	0.00	0.25	66.00	1.00	NR	NR	NR	NR	NR	NR	No	75mph
Provider # 235	Yes	47.68	1.00	3.00	14.50	4.00	Yes	0.25	0.00	0.50	10.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 1	Yes	47.00	1.50	4.00	24.00	5.00	Yes	0.25	0.00	0.50	15.00	2.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 132	Yes	4.40	2.00	3.00	40.00	16.00	No	0.25	0.00	0.75	8.00	0.75	NR	NR	NR	NR	NR	NR	No	20.00

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Attendant Care - "Cleaned Data"

Provider	Provides HCBS?	Provides ATC?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 116	Yes	Yes	0.45	1.00	2.00	10.00	5.00	No	NR	0.25	0.50	15.00	0.00	NR	20.00
Provider # 32	Yes	Yes	29.40	2.00	4.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	No	35.00
Provider # 378	Yes	Yes	156.80	3.00	2.50	40.00	6.00	Yes	0.25	0.00	0.50	11.00	0.80	Yes	NR
Provider # 394	Yes	Yes	8.17	3.00	4.00	40.00	16.00	Yes	0.25	0.00	0.50	15.00	0.00	No	35.00
Provider # 64	Yes	Yes	17.73	1.00	3.00	42.00	10.00	Yes	0.25	0.00	0.50	15.00	1.00	Yes	NR
Provider # 492	Yes	Yes	223.80	2.00	3.86	24.00	7.00	Yes	0.25	0.00	0.50	20.00	0.50	Yes	NR
Provider # 234	Yes	Yes	0.00	3.00	2.50	10.00	10.00	No	0.25	0.00	0.75	10.00	1.00	Yes	NR
Provider # 244	Yes	Yes	40.00	3.00	2.50	20.00	10.00	Yes	0.25	> 1.50	1.00	20.00	0.10	Yes	NR
Provider # 85	Yes	Yes	8.40	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	1.00	NR	NR
Provider # 232	Yes	Yes	14.40	3.00	2.50	20.00	6.00	Yes	0.25	1.50	0.50	6.00	1.00	Yes	NR
Provider # 20	Yes	Yes	4.00	1.00	4.00	20.00	12.00	Yes	0.25	0.00	0.00	0.00	0.00	Yes	NR
Provider # 352	Yes	Yes	2.54	1.00	1.91	76.00	22.00	No	NR	0.00	0.75	9.00	1.00	Yes	NR
Provider # 219	Yes	Yes	53.20	2.00	4.00	40.00	15.00	Yes	0.25	0.00	0.50	10.00	1.00	No	25.00
Provider # 381	Yes	Yes	0.30	6.00	1.50	15.00	10.00	No	0.00	0.00	0.25	66.00	1.00	No	75mph
Provider # 235	Yes	Yes	47.68	1.00	3.00	14.50	4.00	Yes	0.25	0.00	0.50	10.00	0.00	Yes	NR
Provider # 1	Yes	Yes	47.00	1.50	4.00	24.00	5.00	Yes	0.25	0.00	0.50	15.00	2.00	Yes	NR
Provider # 132	Yes	Yes	4.40	2.00	3.00	40.00	16.00	No	0.25	0.00	0.75	8.00	0.75	No	20.00

(1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed

(2) Family Partners responses for staff performing Attendant Care services included on 'Contracted' personnel

Arizona Division of Developmental Disabilities
 Productivity Factors Provided within Survey Responses
 Service = Habilitation, Community Protection Treatment, Hourly

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Habilitation, Community Protection & Treatment, Hourly

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 234	Yes	0.00	2.00	4.00	10.00	10.00	No	0.25	0.00	0.75	10.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	0.00	0.00	0.00	0.00	0.00	NR	NR	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Habilitation, Community Protection & Treatment, Hourly - "Cleaned Data"

Provider	Provides HCBS?	Provides HPH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 234	Yes	Yes	0.00	2.00	4.00	10.00	10.00	No	0.25	0.00	0.75	10.00	1.00	Yes	NR
Provider # 352	Yes	No	0.00	0.00	0.00	0.00	0.00	NR	NR	0.00	0.00	0.00	0.00	Yes	NR

(1) Family Partners responses for staff performing Habilitation, Community Protection & Treatment, Hourly services included on 'Contracted' personnel

(2) Value for "Provides HPH?" changed from "Yes" to "No", due to provider reporting no factors

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Habilitation, Support

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Habilitation, Support

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 116	Yes	0.45	1.00	2.25	10.00	5.00	No	NR	0.25	0.50	18.00	0.00	NR	NR	NR	NR	NR	NR	NR	20.00
Provider # 32	Yes	42.70	1.00	8.00	80.00	40.00	Yes	0.50	0.25	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 378	Yes	117.60	3.00	2.50	40.00	6.00	Yes	0.50	0.00	0.50	11.00	0.50	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 394	Yes	0.90	3.00	3.00	40.00	16.00	Yes	0.25	0.00	0.50	10.00	0.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 64	Yes	23.64	1.00	3.00	42.00	10.00	Yes	0.25	0.00	0.50	15.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 492	Yes	223.80	2.00	3.07	24.00	7.00	Yes	0.25	0.00	0.50	NR	NR	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 234	Yes	0.00	2.00	4.00	10.00	10.00	No	0.50	0.00	0.75	10.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 244	Yes	80.00	3.00	3.00	30.00	30.00	Yes	0.25	> 1.50	1.00	20.00	0.10	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 85	Yes	4.20	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	20.00	1.00	4.00	20.00	12.00	Yes	0.50	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	5.50	1.00	2.61	76.00	22.00	Yes	0.25	0.00	1.00	9.00	2.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 219	Yes	21.40	1.00	8.00	40.00	15.00	Yes	0.25	0.00	NR	NR	1.00	NR	NR	NR	NR	NR	NR	No	25.00
Provider # 235	Yes	35.76	1.00	2.00	14.50	4.00	Yes	0.25	0.00	0.50	10.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 1	Yes	15.50	1.00	2.00	28.00	5.00	Yes	0.25	0.00	0.50	15.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 132	Yes	4.40	3.00	2.00	40.00	16.00	Yes	1.25	0.00	0.75	15.00	1.00	NR	NR	NR	NR	NR	NR	No	20.00

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Habilitation, Support - "Cleaned Data"

Provider	Provides HCBS?	Provides HAH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 116	Yes	Yes	0.45	1.00	2.25	10.00	5.00	No	NR	0.25	0.50	18.00	0.00	NR	20.00
Provider # 32	Yes	Yes	42.70	1.00	8.00	80.00	40.00	Yes	0.50	0.25	0.50	10.00	1.00	No	35.00
Provider # 378	Yes	Yes	117.60	3.00	2.50	40.00	6.00	Yes	0.50	0.00	0.50	11.00	0.50	Yes	NR
Provider # 394	Yes	Yes	0.90	3.00	3.00	40.00	16.00	Yes	0.25	0.00	0.50	10.00	0.00	No	35.00
Provider # 64	Yes	Yes	23.64	1.00	3.00	42.00	10.00	Yes	0.25	0.00	0.50	15.00	1.00	Yes	NR
Provider # 492	Yes	Yes	223.80	2.00	3.07	24.00	7.00	Yes	0.25	0.00	0.50	NR	NR	Yes	NR
Provider # 234	Yes	Yes	0.00	2.00	4.00	10.00	10.00	No	0.50	0.00	0.75	10.00	1.00	Yes	NR
Provider # 244	Yes	Yes	80.00	3.00	3.00	30.00	30.00	Yes	0.25	> 1.50	1.00	20.00	0.10	Yes	NR
Provider # 85	Yes	Yes	4.20	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	1.00	NR	NR
Provider # 20	Yes	Yes	20.00	1.00	4.00	20.00	12.00	Yes	0.50	0.00	0.00	0.00	0.00	Yes	NR
Provider # 352	Yes	Yes	5.50	1.00	2.61	76.00	22.00	Yes	0.25	0.00	1.00	9.00	2.00	Yes	NR
Provider # 219	Yes	Yes	21.40	1.00	8.00	40.00	15.00	Yes	0.25	0.00	NR	NR	1.00	No	25.00
Provider # 235	Yes	Yes	35.76	1.00	2.00	14.50	4.00	Yes	0.25	0.00	0.50	10.00	0.00	Yes	NR
Provider # 1	Yes	Yes	15.50	1.00	2.00	28.00	5.00	Yes	0.25	0.00	0.50	15.00	1.00	Yes	NR
Provider # 132	Yes	Yes	4.40	3.00	2.00	40.00	16.00	Yes	1.25	0.00	0.75	15.00	1.00	No	20.00

(1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed

(2) Family Partners responses for staff performing Habilitation, Support services included on 'Contracted' personnel

Arizona Division of Developmental Disabilities
 Productivity Factors Provided within Survey Responses
 Service = Housekeeping

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Habilitation, Support

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 32	Yes	0.00	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 378	Yes	0.00	3.00	1.00	40.00	6.00	Yes	0.00	0.00	0.50	11.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 492	Yes	0.00	6.00	1.33	24.00	7.00	Yes	0.25	0.00	0.50	NR	NR	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 232	Yes	5.25	3.50	2.00	20.00	6.00	Yes	0.25	1.00	0.50	6.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	0.00	0.00	0.00	0.00	0.00	NR	NR	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 235	Yes	0.00	1.00	2.00	14.50	4.00	No	0.00	0.00	0.50	10.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 1	Yes	0.00	1.00	1.50	1.00	0.00	No	0.00	0.00	0.50	15.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 132	Yes	0.00	4.00	1.00	40.00	16.00	No	0.25	0.00	0.75	8.00	1.75	NR	NR	NR	NR	NR	NR	No	20.00

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Habilitation, Support - "Cleaned Data"

Provider	Provides HCBS?	Provides HSK?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 32	Yes	Yes	0.00	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	No	35.00
Provider # 378	Yes	Yes	0.00	3.00	1.00	40.00	6.00	Yes	0.00	0.00	0.50	11.00	0.00	Yes	NR
Provider # 492	Yes	Yes	0.00	6.00	1.33	24.00	7.00	Yes	0.25	0.00	0.50	NR	NR	Yes	NR
Provider # 232	Yes	Yes	5.25	3.50	2.00	20.00	6.00	Yes	0.25	1.00	0.50	6.00	1.00	Yes	NR
Provider # 352	Yes	Yes	0.00	0.00	0.00	0.00	0.00	NR	NR	0.00	0.00	0.00	0.00	Yes	NR
Provider # 235	Yes	Yes	0.00	1.00	2.00	14.50	4.00	No	0.00	0.00	0.50	10.00	0.00	Yes	NR
Provider # 1	Yes	Yes	0.00	1.00	1.50	1.00	0.00	No	0.00	0.00	0.50	15.00	0.00	Yes	NR
Provider # 132	Yes	Yes	0.00	4.00	1.00	40.00	16.00	No	0.25	0.00	0.75	8.00	1.75	No	20.00

- (1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed
 (2) Family Partners responses for staff performing Habilitation, Support services included on 'Contracted' personnel

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Respite, Hourly

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Respite, Hourly

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 116	Yes	0.60	1.00	5.00	10.00	5.00	No	NR	0.25	0.50	12.00	0.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 32	Yes	58.80	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	117.60	3.00	5.00	40.00	6.00	Yes	0.25	0.00	0.50	11.00	0.30	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	4.09	2.00	7.00	40.00	16.00	Yes	0.25	0.00	0.50	12.00	0.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	298.40	2.00	4.01	24.00	7.00	Yes	0.25	0.00	0.50	NR	10.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 234	Yes	0.00	3.00	2.50	10.00	10.00	No	0.00	0.00	0.75	10.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 244	Yes	60.00	1.00	6.00	20.00	10.00	Yes	0.25	1.00	0.50	15.00	0.10	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	8.40	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 232	Yes	3.60	2.00	4.00	20.00	6.00	Yes	0.50	0.00	0.50	6.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	8.00	1.00	4.00	20.00	12.00	Yes	0.25	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	4.16	1.00	5.18	76.00	22.00	No	NR	0.00	1.00	9.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	21.20	2.00	4.00	40.00	15.00	Yes	0.25	0.00	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 235	Yes	35.76	1.00	4.00	14.50	4.00	No	0.00	0.00	0.50	10.00	0.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 1	Yes	15.00	1.00	6.00	24.00	5.00	No	0.00	0.00	0.50	15.00	2.00	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	4.40	1.00	5.00	40.00	16.00	Yes	0.25	0.00	0.75	12.50	0.75	NR	NR	NR	NR	NR	NR	NR	NR

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Respite, Hourly - "Cleaned Data"

Provider	Provides HCBS?	Provides RSP?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 116	Yes	Yes	0.60	0.60	1.00	5.00	10.00	5.00	No	NR	0.25	0.50	12.00	No	NR
Provider # 32	Yes	Yes	58.80	58.80	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	NR	NR
Provider # 378	Yes	Yes	117.60	117.60	3.00	5.00	40.00	6.00	Yes	0.25	0.00	0.50	11.00	NR	NR
Provider # 394	Yes	Yes	4.09	4.09	2.00	7.00	40.00	16.00	Yes	0.25	0.00	0.50	12.00	NR	NR
Provider # 492	Yes	Yes	298.40	298.40	2.00	4.01	24.00	7.00	Yes	0.25	0.00	0.50	NR	NR	NR
Provider # 234	Yes	Yes	0.00	0.00	3.00	2.50	10.00	10.00	No	0.00	0.00	0.75	10.00	NR	NR
Provider # 244	Yes	Yes	60.00	60.00	1.00	6.00	20.00	10.00	Yes	0.25	1.00	0.50	15.00	NR	NR
Provider # 85	Yes	Yes	8.40	8.40	2.90	2.42	26.50	4.00	No	0.25	0.25	0.50	17.00	NR	NR
Provider # 232	Yes	Yes	3.60	3.60	2.00	4.00	20.00	6.00	Yes	0.50	0.00	0.50	6.00	NR	NR
Provider # 20	Yes	Yes	8.00	8.00	1.00	4.00	20.00	12.00	Yes	0.25	0.00	0.00	0.00	NR	NR
Provider # 352	Yes	Yes	4.16	4.16	1.00	5.18	76.00	22.00	No	NR	0.00	1.00	9.00	NR	NR
Provider # 219	Yes	Yes	21.20	21.20	2.00	4.00	40.00	15.00	Yes	0.25	0.00	0.50	10.00	NR	NR
Provider # 235	Yes	Yes	35.76	35.76	1.00	4.00	14.50	4.00	No	0.00	0.00	0.50	10.00	NR	NR
Provider # 1	Yes	Yes	15.00	15.00	1.00	6.00	24.00	5.00	No	0.00	0.00	0.50	15.00	NR	NR
Provider # 132	Yes	Yes	4.40	4.40	1.00	5.00	40.00	16.00	Yes	0.25	0.00	0.75	12.50	NR	NR

(1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed

(2) Family Partners responses for staff performing Respite, Hourly services included on 'Contracted' personnel

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Respite, Continuous

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Respite, Continuous

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 32	Yes	0.00	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	1.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 378	Yes	0.00	13.00	24.00	40.00	6.00	Yes	0.25	0.00	0.50	11.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 394	Yes	3.19	1.00	18.00	40.00	16.00	Yes	0.25	> 1.50	0.50	12.00	0.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 234	Yes	0.00	1.00	8.00	10.00	10.00	No	0.00	0.00	0.75	10.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 244	Yes	0.00	1.00	16.00	20.00	20.00	Yes	0.25	0.00	0.00	0.50	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	0.00	0.00	16.10	76.00	22.00	Yes	0.25	0.00	1.00	9.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 1	Yes	0.00	1.00	15.00	0.00	0.00	No	0.00	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 132	Yes	0.00	1.00	8.00	40.00	16.00	Yes	0.50	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	No	20.00

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Respite, Continuous - "Cleaned Data"

Provider	Provides HCBS?	Provides RSD?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 32	Yes	Yes	0.00	1.00	8.00	80.00	40.00	Yes	0.25	0.25	0.50	10.00	NR	No	35.00
Provider # 378	Yes	Yes	0.00	13.00	24.00	40.00	6.00	Yes	0.25	0.00	0.50	11.00	NR	Yes	NR
Provider # 394	Yes	Yes	3.19	1.00	18.00	40.00	16.00	Yes	0.25	> 1.50	0.50	12.00	NR	No	35.00
Provider # 234	Yes	Yes	0.00	1.00	8.00	10.00	10.00	No	0.00	0.00	0.75	10.00	NR	Yes	NR
Provider # 244	Yes	Yes	0.00	1.00	16.00	20.00	20.00	Yes	0.25	0.00	0.00	0.50	NR	Yes	NR
Provider # 352	Yes	Yes	0.00	0.00	16.10	76.00	22.00	Yes	0.25	0.00	1.00	9.00	NR	Yes	NR
Provider # 1	Yes	Yes	0.00	1.00	15.00	0.00	0.00	No	0.00	0.00	0.00	0.00	NR	Yes	NR
Provider # 132	Yes	Yes	0.00	1.00	8.00	40.00	16.00	Yes	0.50	0.00	0.00	0.00	NR	No	20.00

(1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed

(2) Family Partners responses for staff performing Respite, Continuous services included on 'Contracted' personnel

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Habilitation, Independent Living

Productivity Questions:

Q1 Average Number of Visits	Q11 Optional Factor #1
Q2 Average Visit/Encounter Length	Q12 Optional Factor #2
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #3
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #4
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #5
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #6
Q7 Down Time (hours)	Q17 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q8 Total Travel to, between and from clients, Time (hours)	Q18 If not, what is a reasonable ground speed?
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 Comments:
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Habilitaiton, Independent Living

Provider	Provides HCBS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
Provider # 32	Yes	16.10	2.00	4.00	80.00	40.00	Yes	0.50	0.25	0.25	10.00	3.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 378	Yes	30.00	3.00	8.00	40.00	6.00	Yes	0.50	0.00	0.50	11.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 394	Yes	24.51	1.00	10.00	40.00	16.00	Yes	0.25	> 1.50	0.50	15.00	0.00	NR	NR	NR	NR	NR	NR	No	35.00
Provider # 383	Yes	10.00	8.00	20.00	80.00	40.00	Yes	0.50	1.00	0.25	0.25	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 96	Yes	12.00	1.00	8.00	60.00	20.00	Yes	0.50	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 20	Yes	8.00	1.00	4.00	20.00	12.00	Yes	0.50	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	1.20	1.00	10.00	76.00	22.00	Yes	0.25	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 219	Yes	12.20	1.00	8.00	40.00	15.00	Yes	0.25	0.00	NR	NR	0.00	NR	NR	NR	NR	NR	NR	No	25.00
Provider # 381	Yes	0.40	3.00	1.50	15.00	10.00	No	0.00	0.00	0.25	66.00	1.00	NR	NR	NR	NR	NR	NR	No	75mph
Provider # 1	Yes	7.50	1.00	8.00	28.00	5.00	Yes	0.25	0.00	0.50	15.00	1.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 132	Yes	30.80	1.00	8.00	40.00	16.00	Yes	1.25	0.00	0.00	0.00	0.00	NR	NR	NR	NR	NR	NR	No	20.00

Optional Factors By Provider: **None**

Productivity Values Reported by Providers, Habilitaiton, Independent Living - "Cleaned Data"

Provider	Provides HCBS?	Provides HAI?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q17	Q18
Provider # 32	Yes	Yes	16.10	2.00	4.00	80.00	40.00	Yes	0.50	0.25	0.25	10.00	3.00	No	35.00
Provider # 378	Yes	Yes	30.00	3.00	8.00	40.00	6.00	Yes	0.50	0.00	0.50	11.00	0.00	Yes	NR
Provider # 394	Yes	Yes	24.51	1.00	10.00	40.00	16.00	Yes	0.25	> 1.50	0.50	15.00	0.00	No	35.00
Provider # 383	Yes	Yes	10.00	8.00	20.00	80.00	40.00	Yes	0.50	1.00	0.25	0.25	0.00	Yes	NR
Provider # 96	Yes	Yes	12.00	1.00	8.00	60.00	20.00	Yes	0.50	0.00	0.00	0.00	0.00	Yes	NR
Provider # 20	Yes	Yes	8.00	1.00	4.00	20.00	12.00	Yes	0.50	0.00	0.00	0.00	0.00	Yes	NR
Provider # 352	Yes	Yes	1.20	1.00	10.00	76.00	22.00	Yes	0.25	0.00	0.00	0.00	0.00	Yes	NR
Provider # 219	Yes	Yes	12.20	1.00	8.00	40.00	15.00	Yes	0.25	0.00	NR	NR	0.00	No	25.00
Provider # 381	Yes	Yes	0.40	3.00	1.50	15.00	10.00	No	0.00	0.00	0.25	66.00	1.00	No	75.00
Provider # 1	Yes	Yes	7.50	1.00	8.00	28.00	5.00	Yes	0.25	0.00	0.50	15.00	1.00	Yes	NR
Provider # 132	Yes	Yes	30.80	1.00	8.00	40.00	16.00	Yes	1.25	0.00	0.00	0.00	0.00	No	20.00

- (1) Value for Q17 changed from "NR" (No Response) to "No", due to provider reported value other than 30 for suggested ground speed
(2) Family Partners responses for staff performing Habilitaiton, Independent Living servcies included on 'Contracted' personnel

Provider Survey Data
Day Treatment & Training Services
Productivity

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Adult (Facility)

Productivity Questions:

Q1 Number of Days program operates	Q11 Down Time, per staff member
Q2 Typical annual attendance for a client	Q12 Facility Preparation Time, Set up/Take Down, per staff member
Q3 Length of Typical Program, Minimum	Q13 Annual Training time provided by employer, per staff member, 1st year
Q4 Length of Typical Program, Maximum	Q14 Annual Training time provided by employer, per staff member, after 1st year
Q5 Length of Typical Program, Average	Q15 Approximate average costs for snacks/meals per client, per day
Q6 Average Scheduled Group Size	Q16 Approximate average costs for supplies per client, per day
Q7 Average Participating Group Size	Q17 Approximate Square Footage / client
Q8 Average Number of Staff Present	Q18 Approximate operating cost per ft ²
Q9 Are Notes & Medical Records included in Direct Service Time?	Q19 Average insurance cost per vehicle?
Q10 Notes & Medical Records, per staff	Q20 Average miles per gallon per vehicle?

Productivity Values Reported by Providers, Day Treatment & Training, Adult (Facility Based)

Provider	Provides DTT?	Provides DTA?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q16	Q17	Q18	Q19	Q20
Provider # 116	Yes	Yes	16.20	255.0	220.0	2.00	7.00	6.00	12.00	10.00	5.00	No	0.00	0.50	0.25	120.00	40.00	\$5.00	150.00	\$21.00	\$2,400.00	10.00
Provider # 32	Yes	Yes	64.00	210.0	205.0	3.00	7.00	5.00	14.00	12.00	6.00	Yes	0.50	0.75	0.50	130.00	90.00	NR	87.90	\$25.00	\$1,130.85	15.00
Provider # 378	Yes	Yes	48.00	250.0	225.0	7.00	7.00	7.00	18.00	16.00	5.00	Yes	0.50	0.00	0.50	42.00	12.00	\$2.00	100.00	\$12.00	NR	15.00
Provider # 394	Yes	Yes	35.97	253.0	235.0	6.00	7.00	6.50	16.00	15.00	6.50	No	0.50	0.50	0.75	40.00	16.00	\$2.50	150.00	\$18.00	\$1,761.00	17.00
Provider # 48	Yes	Yes	19.90	250.0	214.0	4.00	7.00	6.00	4.00	4.00	1.00	Yes	0.75	0.25	0.50	46.00	10.00	\$0.80	100.00	\$9.29	\$6,172.00	7.00
Provider # 64	Yes	Yes	38.42	250.0	230.0	5.00	7.00	6.80	15.00	14.00	5.50	Yes	0.25	0.00	0.75	48.00	18.00	\$2.50	100.00	\$15.00	\$3,700.00	22.00
Provider # 492	Yes	Yes	7.10	101.0	91.0	6.00	7.00	6.50	3.00	3.00	1.00	Yes	0.25	0.00	0.50	32.00	13.00	\$1.22	39.13	\$27.86	\$5,301.12	11.00
Provider # 96	Yes	Yes	12.60	126.0	119.0	3.50	4.00	3.75	7.00	7.00	2.00	No	0.50	0.50	0.25	60.00	20.00	\$1.50	150.00	\$5.59	\$0.00	NR
Provider # 234	Yes	Yes	0.00	254.0	220.0	7.00	7.00	7.00	6.00	6.00	2.00	Yes	0.50	0.25	0.50	30.00	20.00	\$1.50	133.00	\$18.50	\$10,000.00	24.00
Provider # 244	Yes	Yes	17.20	253.0	245.0	7.00	7.00	7.00	4.00	4.00	1.00	Yes	0.25	0.50	0.50	50.00	50.00	\$3.00	130.00	\$17.00	\$3,850.00	14.20
Provider # 85	Yes	Yes	28.86	248.0	207.0	7.00	7.00	7.00	23.00	20.00	7.00	No	0.50	0.50	0.75	52.00	7.00	\$2.75	144.00	\$16.99	\$3,300.00	11.00
Provider # 20	Yes	Yes	14.40	250.0	230.0	5.00	7.00	6.00	30.00	22.00	8.50	Yes	0.50	1.00	1.00	20.00	15.00	\$3.00	120.00	\$21.64	\$2,916.00	23.00
Provider # 9	Yes	Yes	3.71	365.0	365.0	7.00	7.00	7.00	5.00	5.00	3.45	Yes	0.25	0.25	0.00	30.00	20.00	\$6.30	800.00	\$17.13	\$557.86	22.00
Provider # 352	Yes	Yes	15.00	252.0	235.0	7.00	7.00	7.00	43.00	11.00	15.00	Yes	0.50	0.00	1.00	76.00	22.00	\$1.92	65.00	NR	\$3,206.00	10.00
Provider # 176	Yes	Yes	12.60	252.0	247.0	4.00	7.00	7.00	8.00	8.00	2.00	No	0.00	0.00	1.00	45.00	6.00	\$1.29	62.00	\$27.00	\$1,822.00	8.00
Provider # 219	Yes	Yes	46.00	250.0	212.5	3.00	7.00	6.00	15.00	13.00	7.50	Yes	0.50	0.25	0.25	40.00	10.00	\$1.30	128.00	\$5.25	\$3,500.00	12.00
Provider # 67	Yes	Yes	54.38	258.0	246.0	7.00	7.00	7.00	17.00	16.00	3.00	Yes	0.50	0.25	1.00	50.00	20.00	\$2.75	153.00	\$19.13	\$1,700.00	12.00
Provider # 132	Yes	Yes	51.08	255.0	225.0	7.00	7.00	7.00	18.00	15.00	7.00	No	0.50	0.25	0.50	40.00	20.00	\$1.10	126.00	\$17.10	\$2,000.00	11.00

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Adult (Facility)

Productivity Questions:

Q21 For clients w/o transportation provided, approximate percent of late & early?	Q27 Average time per staff member engaged in transport of clients both to & from program
Q22 Approx. pct of clients receiving transportation both to & from program?	Q28 Average distance to transport clients both to & from program
Q23 Are there staff solely dedicated to Transportation?	Q29 On average how many outings occur per week, per group?
Q24 If so how many?	Q30 What is the average distance traveled for outings?
Q25 Typical passenger size of vehicle utilized for client transportation?	Q37 Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings?
Q26 Typical number of staff utilized for transportation in each vehicle?	Q38 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Day Treatment & Training, Adult (Facility Based)

Provider	Provides DTT?	FTEs	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q37	Q38
Provider # 116	Yes	16.20	22.0%	30.0%	Yes	1.0	12.0	2.0	4.00	18.0	4.0	30.0	No	20.0
Provider # 32	Yes	64.00	25.0%	50.0%	No	NR	12.0	2.0	1.50	25.0	5.0	30.0	No	35.0
Provider # 378	Yes	48.00	35.0%	80.0%	No	NR	6.0	2.0	1.50	20.0	10.0	20.0	Yes	NR
Provider # 394	Yes	35.97	60.0%	25.0%	Yes	1.0	9.0	1.0	2.00	40.0	10.0	3.0	No	35.0
Provider # 48	Yes	19.90	15.0%	80.0%	Yes	2.0	8.0	1.0	3.00	18.0	2.0	12.0	Yes	NR
Provider # 64	Yes	38.42	7.0%	70.0%	No	0.0	7.0	1.5	2.00	14.0	6.0	10.0	Yes	NR
Provider # 492	Yes	7.10	1.0%	96.0%	No	0.0	5.0	1.0	2.00	28.0	5.0	8.0	No	35.0
Provider # 96	Yes	12.60	5.0%	0.0%	No	NR	NR	NR	NR	NR	6.0	30.0	Yes	NR
Provider # 234	Yes	0.00	10.0%	90.0%	No	0.0	12.0	1.0	1.50	20.0	4.0	11.0	Yes	NR
Provider # 244	Yes	17.20	20.0%	35.0%	Yes	2.0	12.0	1.0	3.50	20.0	2.0	20.0	Yes	NR
Provider # 85	Yes	28.86	31.0%	53.0%	No	NR	12.0	2.0	3.67	55.0	3.0	15.0	No	35.0
Provider # 20	Yes	14.40	0.0%	100.0%	Yes	1.0	7.0	1.0	2.00	20.0	6.0	15.0	Yes	NR
Provider # 9	Yes	3.71	0.0%	0.0%	No	NR	10.0	2.0	0.00	0.0	3.0	25.0	No	42.0
Provider # 352	Yes	15.00	0.0%	100.0%	No	0.0	12.0	2.0	1.00	18.0	2.0	50.0	No	50.0
Provider # 176	Yes	12.60	13.0%	16.0%	No	0.0	10.0	2.0	1.00	15.0	2.0	14.0	Yes	NR
Provider # 219	Yes	46.00	100.0%	90.0%	No	0.0	6.0	2.0	1.50	10.0	3.0	15.0	Yes	25.0
Provider # 67	Yes	54.38	10.0%	98.0%	No	NR	NR	2.0	2.00	32.0	5.0	35.0	No	40.0
Provider # 132	Yes	51.08	18.0%	45.0%	Yes	2.0	12.0	2.0	1.00	16.0	1.0	12.0	NR	NR

Optional Factors By Provider:

Provider	Factor	Per	Value
Provider # 378	Average cost of activities per person (per day)	Per Day	\$5
Provider # 378	Significant start up costs (new facility, city fees, inspections, reg compliance)	NR	\$15k
Provider # 378	Van maintenance, gas, cost of replacement vehicles	NR	\$35k
Provider # 378	Utilities (per month)	Per Month	\$300
Provider # 176	Repairs and Maintenance per vehicle	Per Year	\$772
Provider # 176	Depreciation per vehicle	Per Year	\$7,000

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Adult (Facility)

Productivity Questions:

Q1 Number of Days program operates	Q11 Down Time, per staff member
Q2 Typical annual attendance for a client	Q12 Community Preparation Time, Set up/Take Down, per staff member
Q3 Length of Typical Program, Minimum	Q13 Annual Training time provided by employer, per staff member, 1st year
Q4 Length of Typical Program, Maximum	Q14 Annual Training time provided by employer, per staff member, after 1st year
Q5 Length of Typical Program, Average	Q15 Approximate average costs for snacks/meals per client, per day
Q6 Average Scheduled Group Size	Q16 Approximate average costs for supplies per client, per day
Q7 Average Participating Group Size	Q17 Approximate Square Footage / client
Q8 Average Number of Staff Present	Q18 Approximate operating cost per ft ²
Q9 Are Notes & Medical Records included in Direct Service Time?	Q19 Average insurance cost per vehicle?
Q10 Notes & Medical Records, per staff	Q20 Average miles per gallon per vehicle?

Productivity Values Reported by Providers, Day Treatment & Training, Adult (Community Based)

Provider	Provides DTT?	Provides DTA?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q16	Q17	Q18	Q19	Q20
Provider # 394	Yes	Yes	35.97	253.0	235.0	6.00	7.00	6.50	2.00	1.00	1.00	No	0.25	0.25	0.00	40.00	16.00	\$2.50	NR	NR	\$1,761.00	17.00
Provider # 383	Yes	Yes	3.90	250.0	250.0	7.00	7.00	7.00	6.00	6.00	3.00	Yes	1.00	0.50	0.50	80.00	20.00	\$2.00	162.00	\$12.02	\$1,500.00	15.00
Provider # 492	Yes	Yes	7.10	151.0	137.0	6.00	7.00	6.50	3.00	3.00	1.00	Yes	0.25	0.00	0.50	32.00	13.00	\$1.22	39.13	\$27.86	\$5,301.12	11.00
Provider # 96	Yes	Yes	12.60	126.0	119.5	3.50	4.00	3.75	8.00	8.00	5.00	No	0.50	0.50	0.25	60.00	20.00	\$1.50	150.00	\$5.59	\$2,927.00	12.00
Provider # 244	Yes	Yes	17.20	253.0	200.0	7.00	7.00	7.00	1.00	1.00	1.00	Yes	0.25	0.00	0.00	30.00	25.00	\$1.00	NR	NR	\$600.00	15.00

Productivity Questions:

Q21 For clients w/o transportation provided, approximate percent of late & early?	Q27 Average time per staff member engaged in transport of clients both to & from program
Q22 Approx. pct of clients receiving transportation both to & from program?	Q28 Average distance to transport clients both to & from program
Q23 Are there staff solely dedicated to Transportation?	Q29 On average how many outings occur per week, per group?
Q24 If so how many?	Q30 What is the average distance traveled for outings?
Q25 Typical passenger size of vehicle utilized for client transportation?	Q37 Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings?
Q26 Typical number of staff utilized for transportation in each vehicle?	Q38 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Day Treatment & Training, Adult (Community Based)

Provider	Provides DTT?	FTEs	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q37	Q38
Provider # 394	Yes	35.97	N/A	100.0%	No	0.0	5.0	1.0	> 1.50	20.0	5.0	10.0	No	35.0
Provider # 383	Yes	3.90	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	7.10	1.0%	96.0%	No	0.0	5.0	1.0	> 1.50	28.0	5.0	8.0	No	35.0
Provider # 96	Yes	12.60	5.0%	0.0%	No	NR	NR	NR	NR	NR	10.0	50.0	Yes	NR
Provider # 244	Yes	17.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	Yes	NR

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Adult (Community)

Productivity Questions:

Q1 Number of Days program operates	Q11 Down Time, per staff member
Q2 Typical annual attendance for a client	Q12 Facility Preparation Time, Set up/Take Down, per staff member
Q3 Length of Typical Program, Minimum	Q13 Annual Training time provided by employer, per staff member, 1st year
Q4 Length of Typical Program, Maximum	Q14 Annual Training time provided by employer, per staff member, after 1st year
Q5 Length of Typical Program, Average	Q15 Approximate average costs for snacks/meals per client, per day
Q6 Average Scheduled Group Size	Q16 Approximate average costs for supplies per client, per day
Q7 Average Participating Group Size	Q17 Approximate Square Footage / client
Q8 Average Number of Staff Present	Q18 Approximate operating cost per ft ²
Q9 Are Notes & Medical Records included in Direct Service Time?	Q19 Average insurance cost per vehicle?
Q10 Notes & Medical Records, per staff	Q20 Average miles per gallon per vehicle?

Productivity Values Reported by Providers, Day Treatment & Training, Child - After School (Facility Based)

Provider	Provides DTT?	Provides DTT?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Provider # 20	Yes	Yes	0.00	180.0	150.0	2.00	4.00	3.00	17.00	15.00	5.00	Yes	0.50	0.50	1.00	15.00	15.00	\$3.00	\$3.00	120.00	NR	NR
Provider # 235	Yes	Yes	11.35	252.0	230.0	4.00	4.00	4.00	18.00	15.00	5.00	Yes	1.00	0.25	0.75	24.00	18.00	\$4.50	\$3.50	333.00	\$14.66	\$2,600.00

Productivity Questions:

Q21 For clients w/o transportation provided, approximate percent of late & early?	Q27 Average time per staff member engaged in transport of clients both to & from program
Q22 Approx. pct of clients receiving transportation both to & from program?	Q28 Average distance to transport clients both to & from program
Q23 Are there staff solely dedicated to Transportation?	Q29 On average how many outings occur per week, per group?
Q24 If so how many?	Q30 What is the average distance traveled for outings?
Q25 Typical passenger size of vehicle utilized for client transportation?	Q37 Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings?
Q26 Typical number of staff utilized for transportation in each vehicle?	Q38 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Day Treatment & Training, Child - After School (Facility Based)

Provider	Provides DTT?	FTEs	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q37	Q38
Provider # 20	Yes	0.00	23.00	0.0%	100.0%	No	NR	7.0	1.0	1.50	15.0	4.0	15.0	Yes	NR
Provider # 235	Yes	11.35	10.00	0.0%	85.0%	No	NR	10.0	2.0	1.00	6.0	3.0	4.0	Yes	NR

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Child - After School (Facility)

Productivity Questions:

Q1 Number of Days program operates	Q11 Down Time, per staff member
Q2 Typical annual attendance for a client	Q12 Facility Preparation Time, Set up/Take Down, per staff member
Q3 Length of Typical Program, Minimum	Q13 Annual Training time provided by employer, per staff member, 1st year
Q4 Length of Typical Program, Maximum	Q14 Annual Training time provided by employer, per staff member, after 1st year
Q5 Length of Typical Program, Average	Q15 Approximate average costs for snacks/meals per client, per day
Q6 Average Scheduled Group Size	Q16 Approximate average costs for supplies per client, per day
Q7 Average Participating Group Size	Q17 Approximate Square Footage / client
Q8 Average Number of Staff Present	Q18 Approximate operating cost per ft ²
Q9 Are Notes & Medical Records included in Direct Service Time?	Q19 Average insurance cost per vehicle?
Q10 Notes & Medical Records, per staff	Q20 Average miles per gallon per vehicle?

Productivity Values Reported by Providers, Day Treatment & Training, Child - Summer(Facility Based)

Provider	Provides DTT?	Provides DTS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Provider # 116	Yes	Yes	0.00	60.0	42.0	2.00	6.00	4.00	12.00	10.00	6.00	No	0.00	0.25	0.25	40.00	40.00	\$2.50	\$4.00	100.00	\$26.00	\$2,400.00
Provider # 394	Yes	Yes	0.00	40.0	30.0	4.00	6.00	5.00	9.00	12.00	7.00	No	0.50	0.25	0.25	20.00	16.00	\$3.50	\$2.50	150.00	\$5.00	\$1,761.00
Provider # 20	Yes	Yes	31.65	50.0	42.0	5.00	7.00	6.00	23.00	18.00	6.00	Yes	0.50	0.50	1.00	15.00	15.00	\$3.00	\$3.00	120.00	NR	NR

Productivity Questions:

Q21 For clients w/o transportation provided, approximate percent of late & early?	Q27 Average time per staff member engaged in transport of clients both to & from program
Q22 Approx. pct of clients receiving transportation both to & from program?	Q28 Average distance to transport clients both to & from program
Q23 Are there staff solely dedicated to Transportation?	Q29 On average how many outings occur per week, per group?
Q24 If so how many?	Q30 What is the average distance traveled for outings?
Q25 Typical passenger size of vehicle utilized for client transportation?	Q37 Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings?
Q26 Typical number of staff utilized for transportation in each vehicle?	Q38 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Day Treatment & Training, Child - Summer(Facility Based)

Provider	Provides DTT?	FTEs	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q37	Q38
Provider # 116	Yes	0.00	10.00	40.0%	15.0%	Yes	2.0	12.0	2.0	> 1.50	22.0	3.0	26.0	No	20.0
Provider # 394	Yes	0.00	17.00	35.0%	30.0%	No	0.0	9.0	1.0	> 1.50	30.0	3.0	4.0	No	35.0
Provider # 20	Yes	31.65	23.00	0.0%	100.0%	No	NR	7.0	1.0	1.50	15.0	5.0	15.0	Yes	NR

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Day Treatment & Training, Child - After School (Facility)

Productivity Questions:

Q1 Number of Days program operates	Q11 Down Time, per staff member
Q2 Typical annual attendance for a client	Q12 Facility Preparation Time, Set up/Take Down, per staff member
Q3 Length of Typical Program, Minimum	Q13 Annual Training time provided by employer, per staff member, 1st year
Q4 Length of Typical Program, Maximum	Q14 Annual Training time provided by employer, per staff member, after 1st year
Q5 Length of Typical Program, Average	Q15 Approximate average costs for snacks/meals per client, per day
Q6 Average Scheduled Group Size	Q16 Approximate average costs for supplies per client, per day
Q7 Average Participating Group Size	Q17 Approximate Square Footage / client
Q8 Average Number of Staff Present	Q18 Approximate operating cost per ft ²
Q9 Are Notes & Medical Records included in Direct Service Time?	Q19 Average insurance cost per vehicle?
Q10 Notes & Medical Records, per staff	Q20 Average miles per gallon per vehicle?

Productivity Values Reported by Providers, Day Treatment & Training, Child - Summer (Community Based)

Provider	Provides DTT?	Provides DTS?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Provider # 394	Yes	Yes	0.00	40.0	30.0	4.00	6.00	5.00	2.00	1.00	1.00	No	0.25	0.25	0.00	20.00	16.00	\$5.00	\$2.50	NR	NR	\$1,761.00
Provider # 48	Yes	Yes	0.00	24.0	23.0	4.00	4.00	4.00	3.00	3.00	1.00	No	0.50	0.00	0.50	10.00	3.00	\$0.50	\$1.20	NR	NR	\$6,172.00

Productivity Questions:

Q21 For clients w/o transportation provided, approximate percent of late & early?	Q27 Average time per staff member engaged in transport of clients both to & from program
Q22 Approx. pct of clients receiving transportation both to & from program?	Q28 Average distance to transport clients both to & from program
Q23 Are there staff solely dedicated to Transportation?	Q29 On average how many outings occur per week, per group?
Q24 If so how many?	Q30 What is the average distance traveled for outings?
Q25 Typical passenger size of vehicle utilized for client transportation?	Q37 Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings?
Q26 Typical number of staff utilized for transportation in each vehicle?	Q38 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Day Treatment & Training, Child - Summer (Community Based)

Provider	Provides DTT?	FTEs	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q37	Q38
Provider # 394	Yes	0.00	17.00	N/A	100.0%	No	0.0	7.0	1.0	1.50	20.0	5.0	10.0	No	35.0
Provider # 48	Yes	0.00	7.00	NR	100.0%	No	0.0	8.0	2.0	> 1.50	13.0	2.0	12.0	Yes	NR

Provider Survey Data
Developmental Home Services
Productivity

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Developmental Home, Child

Productivity Questions:

Q1 Typical number of years a family home provides Developmental Home services	Q9 Annual Training time provided by Qualified Vendor after certification, per home, after 1st year (hours)
Q2 Typical number of clients in the home	Q10 Average number of visits for supervision/monitoring provided by Qualified Vendor?
Q3 Average client caseload per staff that supervise/monitor Developmental Homes	Q11 Average length of visits for supervision/monitoring provided by Qualified Vendor? (hours)
Q4 Does each client typically have their own bedroom?	Q12 Average travel required for supervision/monitoring provided by Qualified Vendor? (miles)
Q5 Typical number of clients per bedroom?	Q13 Average amount of Habilitation services provided by Qualified Vendor per client? (hours)
Q6 Approximate Square Footage per bedroom	Q14 Average amount of Attendant Care services provided by Qualified Vendor per client? (hours)
Q7 Average number of miles traveled on behalf of client by developmental home/family	Q15 Average amount of Respite services provided by Qualified Vendor per client? (hours)
Q8 Annual Training time provided by Qualified Vendor after certification, per home, 1st year (hours)	

Productivity Values Reported by Providers, Developmental Home, Child

Provider	Provides DH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 378	Yes		2.2	2.0	15.0	Yes	1.0	80.0	40.0	90.0	20.0	24.0	2.0	40.0	NR	NR	192.0
Provider # 64	Yes	0.40	3.0	1.0	5.0	Yes	1.0	120.0	150.0	8.0	6.0	15.0	1.5	50.0	NR	NR	240.0
Provider # 234	Yes	0.90	5.0	2.0	8.0	Yes	1.0	150.0	300.0	40.0	15.0	24.0	1.3	40.0	35.0	35.0	700.0
Provider # 244	Yes	0.20	2.0	1.0	9.0	Yes	1.0	120.0	450.0	10.0	10.0	12.0	1.5	20.0	1,460.0	1,200.0	720.0

Productivity Questions:

Q16 Approximate average costs for Rent, per bedroom?	Q21 Optional Factor #4
Q17 Approximate average costs for Food, per client?	Q22 Optional Factor #5
Q18 Optional Factor #1	Q23 Optional Factor #6
Q19 Optional Factor #2	Q24 Is an average ground speed of 30 mph sufficient for client transportation needs? (Yes/No)
Q20 Optional Factor #3	Q25 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Developmental Home, Child

Provider	Provides DH?	FTEs	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25
Provider # 378	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 64	Yes	0.40	\$125.00	\$200.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 234	Yes	0.90	\$400.00	\$200.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 244	Yes	0.20	\$150.00	\$300.00	NR	NR	NR	NR	NR	NR	Yes	NR

Optional Factors By Provider: **None**

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Developmental Home, Adult

Productivity Questions:

Q1 Typical number of years a family home provides Developmental Home services	Q9 Annual Training time provided by Qualified Vendor after certification, per home, after 1st year (hours)
Q2 Typical number of clients in the home	Q10 Average number of visits for supervision/monitoring provided by Qualified Vendor?
Q3 Average client caseload per staff that supervise/monitor Developmental Homes	Q11 Average length of visits for supervision/monitoring provided by Qualified Vendor? (hours)
Q4 Does each client typically have their own bedroom?	Q12 Average travel required for supervision/monitoring provided by Qualified Vendor? (miles)
Q5 Typical number of clients per bedroom?	Q13 Average amount of Habilitation services provided by Qualified Vendor per client? (hours)
Q6 Approximate Square Footage per bedroom	Q14 Average amount of Attendant Care services provided by Qualified Vendor per client? (hours)
Q7 Average number of miles traveled on behalf of client by developmental home/family	Q15 Average amount of Respite services provided by Qualified Vendor per client? (hours)
Q8 Annual Training time provided by Qualified Vendor after certification, per home, 1st year (hours)	

Productivity Values Reported by Providers, Developmental Home, Adult

Provider	Provides DH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 378	Yes		2.3	2.0	15.0	Yes	1.0	80.0	40.0	45.0	20.0	24.0	1.5	40.0	NR	NR	192.0
Provider # 64	Yes	1.60	3.0	1.0	5.0	Yes	1.0	120.0	150.0	8.0	6.0	15.0	1.5	50.0	NR	NR	240.0
Provider # 234	Yes	2.10	5.0	2.0	15.0	Yes	1.0	150.0	400.0	40.0	15.0	24.0	1.3	40.0	35.0	35.0	700.0
Provider # 244	Yes	0.80	2.0	1.0	2.0	Yes	1.0	120.0	250.0	10.0	10.0	12.0	1.5	20.0	1,460.0	952.0	720.0
Provider # 352	Yes	2.00	5.0	1.0	1.0	Yes	1.0	160.0	750.0	76.0	22.0	25.0	1.0	25.0	365.0	1,370.0	720.0

Productivity Questions:

Q16 Approximate average costs for Rent, per bedroom?	Q21 Optional Factor #4
Q17 Approximate average costs for Food, per client?	Q22 Optional Factor #5
Q18 Optional Factor #1	Q23 Optional Factor #6
Q19 Optional Factor #2	Q24 Is an average ground speed of 30 mph sufficient for client transportation needs? (Yes/No)
Q20 Optional Factor #3	Q25 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Developmental Home, Adult

Provider	Provides DH?	FTEs	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25
Provider # 378	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 64	Yes	1.60	\$125.00	\$200.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 234	Yes	2.10	\$400.00	\$200.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 244	Yes	0.80	\$150.00	\$300.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	2.00	\$200.00	\$300.00	NR	NR	NR	NR	NR	NR	Yes	NR

Optional Factors By Provider: **None**

Arizona Division of Developmental Disabilities
 Productivity Factors Provided within Survey Responses
 Service = Developmental Home, Room & Board

Productivity Questions:

Q1 Typical number of years a family home provides Developmental Home services	Q9 Annual Training time provided by Qualified Vendor after certification, per home, after 1st year (hours)
Q2 Typical number of clients in the home	Q10 Average number of visits for supervision/monitoring provided by Qualified Vendor?
Q3 Average client caseload per staff that supervise/monitor Developmental Homes	Q11 Average length of visits for supervision/monitoring provided by Qualified Vendor? (hours)
Q4 Does each client typically have their own bedroom?	Q12 Average travel required for supervision/monitoring provided by Qualified Vendor? (miles)
Q5 Typical number of clients per bedroom?	Q13 Average amount of Habilitation services provided by Qualified Vendor per client? (hours)
Q6 Approximate Square Footage per bedroom	Q14 Average amount of Attendant Care services provided by Qualified Vendor per client? (hours)
Q7 Average number of miles traveled on behalf of client by developmental home/family	Q15 Average amount of Respite services provided by Qualified Vendor per client? (hours)
Q8 Annual Training time provided by Qualified Vendor after certification, per home, 1st year (hours)	

Productivity Values Reported by Providers, Developmental Home, Room & Board

Provider	Provides DH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 234	Yes		5.0	2.0	23.0	Yes	1.0	150.0	350.0	40.0	15.0	24.0	1.3	40.0	35.0	35.0	700.0
Provider # 352	Yes		5.0	1.0	1.0	Yes	1.0	160.0	750.0	76.0	22.0	25.0	1.0	25.0	365.0	1,370.0	720.0

Productivity Questions:

Q16 Approximate average costs for Rent, per bedroom?	Q21 Optional Factor #4
Q17 Approximate average costs for Food, per client?	Q22 Optional Factor #5
Q18 Optional Factor #1	Q23 Optional Factor #6
Q19 Optional Factor #2	Q24 Is an average ground speed of 30 mph sufficient for client transportation needs? (Yes/No)
Q20 Optional Factor #3	Q25 If not, what is a reasonable ground speed?

Productivity Values Reported by Providers, Developmental Home, Room & Board

Provider	Provides DH?	FTEs	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25
Provider # 234	Yes	0.00	\$400.00	\$200.00	NR	NR	NR	NR	NR	NR	Yes	NR
Provider # 352	Yes	0.00	\$200.00	\$300.00	NR	NR	NR	NR	NR	NR	Yes	NR

Optional Factors By Provider: **None**

**Provider Survey Data
Group Home Services
Productivity**

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Habilitation, Community Protection & Treatment, Group Home

Productivity Questions:

Q1 Typical number of clients in the home	Q9 Are Notes & Medical Records included in Direct Service Time?
Q2 Typical length of time a home is in service, in years?	Q10 Notes & Medical Records, per staff (hours)
Q3 Typical number of bedrooms in the home (for clients)	Q11 Down Time, per staff (hours)
Q4 Approximate Square Footage per group home	Q12 Annual Training time provided by employer, per staff, 1st year (hours)
Q5 Are there dedicated vehicle(s) for each Group Home?	Q13 Annual Training time provided by employer, per staff, after 1st year (hours)
Q6 If there are dedicated vehicles, On average how many?	Q14 Average amount of Supervision received, per home? (hours)
Q7 Typical passenger size of vehicle utilized for client transportation?	Q15 Typical number of clients receiving incontinence supplies, per home?
Q8 Average number of miles traveled on behalf of the client, per vehicle?	

Productivity Values Reported by Providers; Habilitation, Community Protection & Treatment, Group Home

Provider	Provides GH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 32	Yes	33.10	4.0	5.0	4.0	2,000	Yes	1	6	100.0	Yes	0.25	0.25	130.0	90.0	5.00	2.0
Provider # 378	Yes	5.00	2.5	4.0	4.0	1,900	Yes	1	6	250.0	Yes	0.50	0.00	42.0	12.0	2.00	1.0
Provider # 383	Yes		NR	NR	NR	NR	Yes	2	7	NR	Yes	0.75	0.50	80.0	40.0	10.00	NR
Provider # 64	Yes	13.03	2.3	5.0	3.0	1,800	Yes	1	6	1,600.0	Yes	1.00	NR	52.0	28.0	2.00	0.5
Provider # 219	Yes		5.0	NR	4.0	2,100	Yes	1	6	200.0	Yes	0.25	0.00	40.0	20.0	NR	4.0
Provider # 132	Yes	29.20	3.0	15.0	3.0	1,580	Yes	1	6	1,300.0	No	1.50	0.25	40.0	20.0	30.00	2.0

Productivity Questions:

Q16 Average cost of incontinence supplies, per client receiving?	Q46 Optional Factor #3
Q17 Typical number of clients receiving nutritional supplements, per home?	Q47 Optional Factor #4
Q18 Average cost of nutritional supplements, per client receiving?	Q48 Optional Factor #5
Q44 Optional Factor #1	Q49 Optional Factor #6
Q45 Optional Factor #2	

Productivity Values Reported by Providers; Habilitation, Community Protection & Treatment, Group Home

Provider	Provides GH?	FTEs	Q16	Q17	Q18	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 32	Yes	33.10	\$2.50	2.0	\$3.50	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	5.00	\$180.00	NR	\$10.00	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	13.03	\$5.00	0.3	\$4.00	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	0.00	\$3.00	1.0	\$3.50	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	29.20	\$2.25	1.0	\$3.00	NR	NR	NR	NR	NR	NR

Optional Factors By Provider: **None**

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = Habilitation, Group Home

Productivity Questions:

Q1 Typical number of clients in the home	Q9 Are Notes & Medical Records included in Direct Service Time?
Q2 Typical length of time a home is in service, in years?	Q10 Notes & Medical Records, per staff (hours)
Q3 Typical number of bedrooms in the home (for clients)	Q11 Down Time, per staff (hours)
Q4 Approximate Square Footage per group home	Q12 Annual Training time provided by employer, per staff, 1st year (hours)
Q5 Are there dedicated vehicle(s) for each Group Home?	Q13 Annual Training time provided by employer, per staff, after 1st year (hours)
Q6 If there are dedicated vehicles, On average how many?	Q14 Average amount of Supervision received, per home? (hours)
Q7 Typical passenger size of vehicle utilized for client transportation?	Q15 Typical number of clients receiving incontinence supplies, per home?
Q8 Average number of miles traveled on behalf of the client, per vehicle?	

Productivity Values Reported by Providers; Habilitation, Group Home

Provider	Provides GH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 378	Yes	618.00	4.0	8.0	4.0	1,900	No	1	6	500.0	NR	0.50	NR	NR	NR	NR	NR
Provider # 394	Yes	147.00	3.0	15.0	3.0	2,000	Yes	1	6	15,000.0	Yes	0.50	0.00	> 1.50	Yes	> 1.50	0.3
Provider # 383	Yes	111.20	NR	NR	NR	NR	Yes	2	7	NR	Yes	1.00	0.75	80.0	40.0	10.00	NR
Provider # 48	Yes	68.00	5.0	10.0	4.0	1,900	Yes	1	8	112.0	Yes	0.25	0.25	0.0	Yes	1.00	0.5
Provider # 64	Yes	117.31	2.8	7.0	3.0	1,800	Yes	1	6	1,600.0	Yes	1.00	NR	52.0	28.0	2.00	0.5
Provider # 492	Yes	9.30	2.0	7.0	2.0	1,922	Yes	1	5	90.0	Yes	0.50	0.00	40.0	5.0	1.80	0.4
Provider # 96	Yes	137.00	4.0	5.0	4.0	1,900	Yes	1	7	1,500.0	Yes	0.50	0.00	60.0	20.0	40.00	1.0
Provider # 85	Yes	146.00	4.5	10.0	4.5	2,048	Yes	1	6	125.0	Yes	0.75	0.25	60.0	10.0	28.64	1.5
Provider # 20	Yes	2.40	3.0	3.0	3.0	1,790	Yes	1	7	100.0	Yes	0.50	0.25	> 1.50	Yes	> 1.50	0.0
Provider # 9	Yes	0.00	5.0	21.0	5.0	4,000	Yes	2	12	83.0	Yes	0.25	0.25	> 1.50	Yes	1.00	0.0
Provider # 352	Yes	81.66	5.0	12.0	4.0	1,954	Yes	1	7	480.0	Yes	0.50	0.00	> 1.50	Yes	> 1.50	NR
Provider # 349	Yes	42.22	3.0	7.9	3.0	1,800	Yes	1	5	1,500.0	No	0.00	0.00	0.5	Yes	1.00	0.0
Provider # 67	Yes	172.25	5.0	20.0	4.0	2,214	Yes	1	8	216.0	Yes	0.25	0.25	56.0	20.0	1.60	2.5

Productivity Questions:

Q16 Average cost of incontinence supplies, per client receiving?	Q46 Optional Factor #3
Q17 Typical number of clients receiving nutritional supplements, per home?	Q47 Optional Factor #4
Q18 Average cost of nutritional supplements, per client receiving?	Q48 Optional Factor #5
Q44 Optional Factor #1	Q49 Optional Factor #6
Q45 Optional Factor #2	

Productivity Values Reported by Providers; Habilitation, Group Home

Provider	Provides GH?	FTEs	Q16	Q17	Q18	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 378	Yes	618.00	NR	NR	\$10.00	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	147.00	> 1.50	0.3	> 1.50	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	68.00	>1.50	0.8	>1.50	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	117.31	\$5.00	0.3	\$4.00	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	9.30	\$2.67	0.0	\$0.00	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	137.00	\$3.00	2.0	\$4.00	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	146.00	\$3.50	0.5	\$3.50	3,686.3	1,261.8	256.1	921.7	1,593.7	NR
Provider # 20	Yes	2.40	\$0.00	0.0	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	0.00	\$0.00	0.0	\$0.00	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	81.66	> 1.50	NR	> 1.50	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	42.22	\$0.00	0.0	\$0.00	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	172.25	\$3.30	1.0	\$2.50	NR	NR	NR	NR	NR	NR

Optional Factors By Provider:

Provider	Factor	Per	Value
Provider # 85	Avg cost per home for non-food program, household & medical supplies	Per Year	\$3,686.27
Provider # 85	Avg cost per home for eqt (chairs, tables, furniture, appliances, PCs)	Per Year	\$1,261.82
Provider # 85	Avg cost per home for hiring (drug screen, fingerprint, physical, MVR, etc)	Per Year	\$256.09
Provider # 85	Avg cost per home for property insurance (based on value of home)	Per Year	\$921.73
Provider # 85	Avg cost per home for liability insurance (based on # of clients)	Per Year	\$1,593.73

Arizona Division of Developmental Disabilities
 Productivity Factors Provided within Survey Responses
 Service = Habilitation, Nursing Supported Group Home

Productivity Questions:

Q1 Typical number of clients in the home	Q9 Are Notes & Medical Records included in Direct Service Time?
Q2 Typical length of time a home is in service, in years?	Q10 Notes & Medical Records, per staff (hours)
Q3 Typical number of bedrooms in the home (for clients)	Q11 Down Time, per staff (hours)
Q4 Approximate Square Footage per group home	Q12 Annual Training time provided by employer, per staff, 1st year (hours)
Q5 Are there dedicated vehicle(s) for each Group Home?	Q13 Annual Training time provided by employer, per staff, after 1st year (hours)
Q6 If there are dedicated vehicles, On average how many?	Q14 Average amount of Supervision received, per home? (hours)
Q7 Typical passenger size of vehicle utilized for client transportation?	Q15 Typical number of clients receiving incontinence supplies, per home?
Q8 Average number of miles traveled on behalf of the client, per vehicle?	

Productivity Values Reported by Providers; Habilitation, Group Home

Provider	Provides GH?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Provider # 96	Yes	45.00	5.0	8.0	5.0	2,200	Yes	1	5	1,200.0	Yes	1.00	0.00	60.0	20.0	40.00	4.5

Productivity Questions:

Q16 Average cost of incontinence supplies, per client receiving?	Q46 Optional Factor #3
Q17 Typical number of clients receiving nutritional supplements, per home?	Q47 Optional Factor #4
Q18 Average cost of nutritional supplements, per client receiving?	Q48 Optional Factor #5
Q44 Optional Factor #1	Q49 Optional Factor #6
Q45 Optional Factor #2	

Productivity Values Reported by Providers; Habilitation, Group Home

Provider	Provides GH?	FTEs	Q16	Q17	Q18	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 96	Yes	45.00	\$3.00	1.0	\$4.00	NR	NR	NR	NR	NR	NR

Optional Factors By Provider: **None**

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = All Group Homes, Room & Board

Productivity Questions:

Q19 Approximate average costs for Food, per client?	Q27 Approximate average costs for Maintenance, for a 2 Bedroom Group Home?
Q20 Approximate average costs for Rent, for a 1 Bedroom Group Home?	Q28 Approximate average costs for Rent, for a 3 Bedroom Group Home?
Q21 Approximate average costs for Utilities, for a 1 Bedroom Group Home?	Q29 Approximate average costs for Utilities, for a 3 Bedroom Group Home?
Q22 Approximate average costs for Telephone, for a 1 Bedroom Group Home?	Q30 Approximate average costs for Telephone, for a 3 Bedroom Group Home?
Q23 Approximate average costs for Maintenance, for a 1 Bedroom Group Home?	Q31 Approximate average costs for Maintenance, for a 3 Bedroom Group Home?
Q24 Approximate average costs for Rent, for a 2 Bedroom Group Home?	Q32 Approximate average costs for Rent, for a 4 Bedroom Group Home?
Q25 Approximate average costs for Utilities, for a 2 Bedroom Group Home?	Q33 Approximate average costs for Utilities, for a 4 Bedroom Group Home?
Q26 Approximate average costs for Telephone, for a 2 Bedroom Group Home?	Q34 Approximate average costs for Telephone, for a 4 Bedroom Group Home?

Productivity Values Reported by Providers; All Group Home, Room & Board (Phoenix Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34
Provider # 32	Yes	Yes	172.25	\$250.00	\$625.00	\$120.00	\$56.00	\$10.00	\$761.39	\$277.00	\$70.00	\$25.00	\$1,065.75	\$393.15	\$75.00	\$166.67	\$1,300.00	\$535.00	\$120.00
Provider # 378	Yes	Yes	0.00	\$205.00	NR	NR	NR	NR	\$1,600.00	NR	\$95.00	\$200.00	\$1,700.00	NR	\$95.00	\$200.00	\$1,850.00	NR	\$95.00
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	\$273.00	\$746.00	\$99.00	\$57.00	\$106.00	\$866.00	\$126.00	\$90.00	\$211.00	\$1,071.00	\$142.00	\$82.00	\$318.00	\$1,104.00	\$295.00	\$186.00
Provider # 64	Yes	Yes	42.22	\$200.00	\$860.00	\$150.00	\$40.00	\$60.00	\$900.00	\$325.00	\$40.00	\$100.00	\$1,500.00	\$350.00	\$40.00	\$200.00	\$1,600.00	\$400.00	\$40.00
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	\$154.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,446.50	\$361.33	\$48.75	\$435.42	\$1,157.33	\$320.33	\$48.17
Provider # 20	Yes	Yes	147.00	\$175.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,500.00	\$200.00	\$30.00	\$100.00	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	\$1,175.00	\$300.00	\$150.00	\$0.00	\$1,380.00	\$385.00	\$200.00
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	\$304.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,332.00	\$422.00	\$129.00	\$429.00	\$1,539.00	\$494.00	\$110.00
Provider # 132	Yes	Yes	9.30	\$304.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,160.00	\$385.00	\$34.00	\$280.00	\$1,300.00	\$465.00	\$37.00

Productivity Values Reported by Providers; All Group Home, Room & Board (Tucson Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34
Provider # 32	Yes	Yes	172.25	\$250.00	\$545.00	\$120.00	\$40.00	\$10.00	\$675.00	\$175.00	\$45.00	\$25.00	\$1,200.00	\$394.00	\$75.00	\$175.00	\$1,250.00	\$500.00	\$75.00
Provider # 378	Yes	Yes	0.00	\$202.00	NR	NR	NR	NR	\$1,650.00	NR	\$110.00	\$200.00	\$1,700.00	NR	\$110.00	\$200.00	\$1,900.00	NR	\$110.00
Provider # 394	Yes	Yes	0.00	\$175.00	NR	NR	NR	NR	\$1,000.00	\$317.00	\$30.00	\$110.00	\$1,100.00	\$325.00	\$30.00	\$110.00	\$1,325.00	\$377.00	\$30.00
Provider # 383	Yes	Yes	0.00	\$270.00	\$530.00	\$126.00	\$50.00	\$200.00	\$630.00	\$175.00	\$65.00	\$200.00	NR	NR	NR	NR	\$1,945.00	\$525.00	\$75.00
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$200.00	\$675.00	\$125.00	\$40.00	\$60.00	\$750.00	\$325.00	\$40.00	\$100.00	\$1,500.00	\$350.00	\$40.00	\$200.00	\$1,600.00	\$375.00	\$40.00
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	\$145.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,100.00	\$205.00	\$110.00	\$250.00	\$1,565.00	\$380.00	\$146.00
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	\$1,600.00	\$445.00	\$225.00
Provider # 349	Yes	Yes	0.00	\$175.00	\$600.00	\$85.00	\$40.00	\$25.00	\$1,000.00	\$120.00	\$40.00	\$40.00	\$1,387.00	\$210.00	\$60.00	\$200.00	\$1,100.00	\$125.00	\$40.00
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	\$304.00	NR	NR	NR	NR	\$750.00	\$230.00	\$37.00	\$70.00	\$1,150.00	\$360.00	\$27.00	\$140.00	\$1,150.00	\$380.00	\$28.00

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = All Group Homes, Room & Board

Productivity Values Reported by Providers; All Group Home, Room & Board (Flagstaff Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34
Provider # 32	Yes	Yes	172.25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$200.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,400.00	\$350.00	\$40.00	\$200.00	\$1,100.00	\$400.00	\$40.00
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Productivity Values Reported by Providers; All Group Home, Room & Board (Other Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34
Provider # 32	Yes	Yes	172.25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	\$218.00	NR	NR	NR	NR	NR	NR	NR	NR	\$1,400.00	NR	\$150.00	\$200.00	NR	NR	NR
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$200.00	\$500.00	\$150.00	\$40.00	\$60.00	\$600.00	\$300.00	\$40.00	\$100.00	\$1,200.00	\$275.00	\$40.00	\$200.00	\$1,350.00	\$275.00	\$40.00
Provider # 492	Yes	Yes	111.20	\$263.32	\$1,250.00	\$242.28	\$31.25	\$82.00	\$1,937.00	\$251.30	\$27.39	\$82.43	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	\$155.87	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	\$260.00	NR	NR	NR	NR	NR	NR	NR	NR	\$900.00	\$500.00	\$112.00	\$350.00	\$950.00	\$500.00	\$166.00
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	\$304.00	NR	NR	NR	NR	\$650.00	\$220.00	\$23.00	\$52.50	\$1,100.00	\$340.00	\$34.00	\$190.00	\$1,250.00	\$335.00	\$23.00

(2)

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = All Group Homes, Room & Board

Productivity Questions:

Q35 Approximate average costs for Maintenance, for a 4 Bedroom Group Home?	Q43 Approximate average costs for Maintenance, for a 6 Bedroom Group Home?
Q36 Approximate average costs for Rent, for a 5 Bedroom Group Home?	Q44 Optional Factor #1
Q37 Approximate average costs for Utilities, for a 5 Bedroom Group Home?	Q45 Optional Factor #2
Q38 Approximate average costs for Telephone, for a 5 Bedroom Group Home?	Q46 Optional Factor #3
Q39 Approximate average costs for Maintenance, for a 5 Bedroom Group Home?	Q47 Optional Factor #4
Q40 Approximate average costs for Rent, for a 6 Bedroom Group Home?	Q48 Optional Factor #5
Q41 Approximate average costs for Utilities, for a 6 Bedroom Group Home?	Q49 Optional Factor #6
Q42 Approximate average costs for Telephone, for a 6 Bedroom Group Home?	

Productivity Values Reported by Providers; All Group Home, Room & Board (Phoenix Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 32	Yes	Yes	172.25	\$250.00	\$1,500.00	\$560.00	\$120.00	\$120.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	\$200.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	\$423.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$250.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	\$678.50	\$1,307.42	\$355.17	\$50.75	\$680.25	\$1,732.92	\$356.17	\$43.17	\$517.25	\$3,686.27	\$1,261.82	\$256.09	\$921.73	\$103.00	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	\$150.00	\$1,500.00	\$445.00	\$250.00	\$300.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	\$470.00	\$1,773.00	\$1,255.00	\$364.00	\$1,364.00	NR	NR	NR	NR	\$88.00	\$94.00	\$103.00	NR	NR	NR
Provider # 132	Yes	Yes	9.30	\$355.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

(1)

Productivity Values Reported by Providers; All Group Home, Room & Board (Tucson Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 32	Yes	Yes	172.25	\$222.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	\$200.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	Yes	0.00	\$170.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	\$330.00	\$2,600.00	\$650.00	\$83.00	\$460.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$250.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	\$430.00	\$2,800.00	\$625.00	\$212.00	\$243.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 244	No		0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	\$150.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	\$50.00	\$1,200.00	\$170.00	\$100.00	\$200.00	\$2,905.00	\$280.00	\$240.00	\$160.00	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	\$420.00	\$1,650.00	\$430.00	\$30.00	\$400.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Arizona Division of Developmental Disabilities
Productivity Factors Provided within Survey Responses
Service = All Group Homes, Room & Board

Productivity Values Reported by Providers; All Group Home, Room & Board (Flagstaff Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 32	Yes	Yes	172.25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$250.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 352	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Productivity Values Reported by Providers; All Group Home, Room & Board (Other Area) - 'Clean Data'

Provider	Provides GH?	Provide RRB?	GH FTEs	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44	Q45	Q46	Q47	Q48	Q49
Provider # 32	Yes	Yes	172.25	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 378	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 394	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 383	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 48	Yes	Yes	9.81	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 64	Yes	Yes	42.22	\$250.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 492	Yes	Yes	111.20	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 96	Yes	Yes	182.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 85	Yes	Yes	81.66	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 20	Yes	Yes	147.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 9	Yes	Yes	146.00	NR	\$1,500.00	\$610.00	\$171.06	\$256.10	NR	NR	NR	NR	\$1,585.59	NR	\$2,326.01	\$671.09	NR	NR
Provider # 352	Yes	Yes	0.00	\$415.00	\$1,000.00	\$500.00	\$126.00	\$600.00	\$1,900.00	\$555.00	\$250.00	\$788.00	\$2,500.00	NR	\$244.00	NR	NR	NR
Provider # 219	Yes	Yes	331.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 349	Yes	Yes	0.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 67	Yes	Yes	623.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Provider # 132	Yes	Yes	9.30	\$350.00	\$1,200.00	\$480.00	\$34.00	\$550.00	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

(1) Average costs for Rent, Utilities, Telephone & Maintenance assumed to be annual

(2) Average costs of Food per month (Q19) changed using 30.4 days per month, assumed that provider reported daily amount

Provider Survey Data
Professional Services
Productivity

Arizona Division of Developmental Disabilities
 Productivity Factors Provided within Survey Responses
 Service = Nursing

Productivity Questions:

Q1 Average Number of Visits	Q11 Average amount of supervision received (hours)
Q2 Average Visit/Encounter Length	Q12 Optional Factor #1
Q3 Annual Training time provided by employer, per staff, 1st year (hours)	Q13 Optional Factor #2
Q4 Annual Training time provided by employer, per staff, after 1st year (hours)	Q14 Optional Factor #3
Q5 Are Notes & Medical Records included in Direct Service Time?	Q15 Optional Factor #4
Q6 Notes & Medical Records (hours)	Q16 Optional Factor #5
Q7 Down Time (hours)	Q17 Optional Factor #6
Q8 Total Travel to, between and from clients, Time (hours)	Q18 Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)
Q9 Total Travel to, between and from clients, Distance (miles)	Q19 If not, what is a reasonable ground speed?
Q10 Average number of missed appointments	

Productivity Values Reported by Providers, Nursing

Provider	Provides PS?	Provides HNX?	FTEs	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
Provider # 359	Yes	Yes	23.50	3.2	1.0	15.0	9.0	No	0.3	0.0	0.3	100.0	0.0	1.0	NR	NR	NR	NR	NR	NR	Yes	NR

Optional Factors By Provider: **None**

Provider Survey Data
Adjustments to Salary & Benefits

Arizona Division of Developmental Disabilities
Salary/Wages & Benefits 2006-2007 Adjustments
Provider Responses

Question

1.1	Does your Organization have step increases awarded to all Direct Service Staff during the fiscal year ending in 2007? (Yes/No)	4.1	Does your Organization anticipate a change to the cost of Health Insurance provided to employees during the year ending in 2007? (Yes/No)
1.2	If your organization has step increases, average percentage step is:	4.2	What was the percentage increase experienced for the fiscal year ended in 2006?
2.1	Does your Organization plan on giving a general compensation increase by raising the entire wage and salary structure during your fiscal year ending in 2007? (Yes/No)	4.3	What is the anticipated/expected percentage increase for fiscal year ending in 2007?
2.2	If your organization is planning a general compensation increase, percentage increase will be:	5.1	Does your Organization anticipate a change to the cost of Other Benefits provided to employees? (Yes/No)
3.1	Does your Organization plan to give selected merit increases/performance awards to Direct Service Staff during your fiscal year ending in 2007? (Yes/No)	5.2	What was the percentage increase experienced for the fiscal year ended in 2006?
3.2A	If your organization does plan to give merit increases/performance awards: (A) Average increase/award is: (percentage)	5.3	What is the anticipated/expected percentage increase for fiscal year ending in 2007?
3.2B	If your organization does plan to give merit increases/performance awards: (B) Percentage of workforce receiving merit increases/performance awards is:		

Anticipated Adjustments to Salaries/Benefits Reported by Providers

Provider_Name	1.1	1.2	2.1	2.2	3.1	3.2A	3.2B	4.1	4.2	4.3	5.1	5.2	5.3	FTEs	DD Rev
Provider # 378	No	.	No	.	Yes	0.03	0.7	Yes	0.09	0.03	No	.	.	1,078.40	\$36,288,939
Provider # 244	No	.	Yes	0.15	Yes	.	0.9	Yes	0.43	.	No	.	.	198.20	\$7,804,282
Provider # 349	No	.	No	.	Yes	0.03	0.95	Yes	0.14	0.12	No	.	.	57.47	\$8,655,635
Provider # 176	No	.	Yes	0.04	Yes	0.01	0.6	Yes	0.07	0.21	Yes	.	0.667	14.00	\$1,428,610
Provider # 394	No	.	Yes	0.02	Yes	0.035	0.65	Yes	0.14	0.15	Yes	0.24	0.18	253.15	\$17,119,476
Provider # 383	Yes	0.03	Yes	0.03	No	.	.	Yes	0.14	0.17	Yes	0.14	0.17	105.85	\$4,931,566
Provider # 235	Yes	0.05	Yes	0.03	Yes	0.02	0.95	Yes	0.28	0.15	Yes	0.15	0.15	125.70	\$4,485,400
Provider # 67	Yes	0.03	Yes	0.03	Yes	0.04	0.9	Yes	0.1227	0.1388	No	.	.	213.43	\$12,845,023
Provider # 85	Yes	0.065	No	.	Yes	0.03	1	Yes	0.12	0.15	Yes	0.1	0.1	158.08	\$18,200,496
Provider # 219	Yes	0.04	Yes	0.09	Yes	0.04	0.8	Yes	0.18	0.15	No	.	.	309.00	\$17,192,850
Provider # 381	No	.	Yes	0.03	No	.	.	No	.	.	No	0.01	.	0.70	\$2,894,421
Provider # 64	Yes	0.035	Yes	0.05	No	.	.	Yes	0.18	0.15	Yes	0.09	0.09	217.81	\$32,252,034
Provider # 1	Yes	0.05	No	.	Yes	0.04	1	No	-0.12	.	No	.	.	85.00	\$3,149,665
Provider # 48	Yes	0.03	Yes	0.02	Yes	.	.	Yes	0.034	0.124	Yes	.	.	78.25	\$4,979,447
Provider # 132	Yes	0.03	Yes	0.03	Yes	0.03	0.85	Yes	0.12	0.16	Yes	0.05	0.05	391.25	\$18,107,944
Provider # 359	No	.	Yes	0.07	No	.	.	No	.	.	Yes	0.05	0.07	22.50	\$6,435,216
Provider # 232	Yes	0.03	Yes	0.05	Yes	0.03	0.6	Yes	0.23	0.3	No	.	.	23.25	\$4,756,076
Provider # 492	No	.	Yes	0.06	Yes	0.03	0.7	Yes	0.155	0.3	Yes	0.05	0.05	764.20	\$26,563,586
Provider # 234	Yes	0.02	Yes	0.08	Yes	0.1	0.5	Yes	0.2	0.3	Yes	0.2	0.3	3.00	\$2,449,228
Provider # 20	No	.	No	.	No	.	.	Yes	0.1	0.25	No	.	.	70.40	\$1,172,073
Provider # 116	Yes	0.05	Yes	0.08	Yes	0.1	1	Yes	0.15	0.2	Yes	0.12	0.14	35.95	\$1,456,000
Provider # 96	Yes	0.045	No	.	Yes	0.04	0.85	Yes	0.04	0.08	Yes	0.04	0.08	129.00	\$5,556,368
Provider # 32	Yes	0.05	Yes	0.05	Yes	0.02	0.3	Yes	0.17	0.17	Yes	0.02	0.02	536.96	\$15,089,070
Provider # 352	Yes	0.03	No	0.03	Yes	0.03	0.8	Yes	0.225	0.055	Yes	0.22	0.05	109.07	\$4,039,655
Provider # 9	No	.	No	.	Yes	0.04	1	No	.	.	No	.	.	9.36	\$437,323

Arizona Division of Developmental Disabilities
Salary/Wages & Benefits 2006-2007 Adjustments
Provider Responses

Question

1.1	Does your Organization have step increases awarded to all Direct Service Staff during the fiscal year ending in 2007? (Yes/No)	4.1	Does your Organization anticipate a change to the cost of Health Insurance provided to employees during the year ending in 2007? (Yes/No)
1.2	If your organization has step increases, average percentage step is:	4.2	What was the percentage increase experienced for the fiscal year ended in 2006?
2.1	Does your Organization plan on giving a general compensation increase by raising the entire wage and salary structure during your fiscal year ending in 2007? (Yes/No)	4.3	What is the anticipated/expected percentage increase for fiscal year ending in 2007?
2.2	If your organization is planning a general compensation increase, percentage increase will be:	5.1	Does your Organization anticipate a change to the cost of Other Benefits provided to employees? (Yes/No)
3.1	Does your Organization plan to give selected merit increases/performance awards to Direct Service Staff during your fiscal year ending in 2007? (Yes/No)	5.2	What was the percentage increase experienced for the fiscal year ended in 2006?
3.2A	If your organization does plan to give merit increases/performance awards: (A) Average increase/award is: (percentage)	5.3	What is the anticipated/expected percentage increase for fiscal year ending in 2007?
3.2B	If your organization does plan to give merit increases/performance awards: (B) Percentage of workforce receiving merit increases/performance awards is:		

Anticipated Adjustments to Salaries/Benefits Reported by Providers, Cleaned Data

Provider_Name	1.1	1.2	2.1	2.2	3.1	3.2A	3.2B	4.1	4.2	4.3	5.1	5.2	5.3	FTEs	DD Rev
Provider # 378	No		No		Yes	0.03	0.7	Yes	0.09	0.03	No			1,078.40	\$36,288,939
Provider # 244	No		Yes	0.15	Yes		0.9	Yes	0.43		No			198.20	\$7,804,282
Provider # 349	No		No		Yes	0.03	0.95	Yes	0.14	0.12	No			57.47	\$8,655,635
Provider # 176	No		Yes	0.04	Yes	0.01	0.6	Yes	0.07	0.21	Yes		0.667	14.00	\$1,428,610
Provider # 394	No		Yes	0.02	Yes	0.035	0.65	Yes	0.14	0.15	Yes	0.24	0.18	253.15	\$17,119,476
Provider # 383	Yes	0.03	Yes	0.03	No			Yes	0.14	0.17	Yes	0.14	0.17	105.85	\$4,931,566
Provider # 235	Yes	0.05	Yes	0.03	Yes	0.02	0.95	Yes	0.28	0.15	Yes	0.15	0.15	125.70	\$4,485,400
Provider # 67	Yes	0.03	Yes	0.03	Yes	0.04	0.9	Yes	0.1227	0.1388	No			213.43	\$12,845,023
Provider # 85	Yes	0.065	No		Yes	0.03	1	Yes	0.12	0.15	Yes	0.1	0.1	158.08	\$18,200,496
Provider # 219	Yes	0.04	Yes	0.09	Yes	0.04	0.8	Yes	0.18	0.15	No			309.00	\$17,192,850
Provider # 381	No		Yes	0.03	No			No			No	0.01		0.70	\$2,894,421
Provider # 64	Yes	0.035	Yes	0.05	No			Yes	0.18	0.15	Yes	0.09	0.09	217.81	\$32,252,034
Provider # 1	Yes	0.05	No		Yes	0.04	1	No	-0.12		No			85.00	\$3,149,665
Provider # 48	Yes	0.03	Yes	0.02	Yes			Yes	0.034	0.124	Yes			78.25	\$4,979,447
Provider # 132	Yes	0.03	Yes	0.03	Yes	0.03	0.85	Yes	0.12	0.16	Yes	0.05	0.05	391.25	\$18,107,944
Provider # 359	No		Yes	0.07	No			No			Yes	0.05	0.07	22.50	\$6,435,216
Provider # 232	Yes	0.03	Yes	0.05	Yes	0.03	0.6	Yes	0.23	0.3	No			23.25	\$4,756,076
Provider # 492	No		Yes	0.06	Yes	0.03	0.7	Yes	0.155	0.3	Yes	0.05	0.05	764.20	\$26,563,586
Provider # 234	Yes	0.02	Yes	0.08	Yes	0.1	0.5	Yes	0.2	0.3	Yes	0.2	0.3	3.00	\$2,449,228
Provider # 20	No		No		No			Yes	0.1	0.25	No			70.40	\$1,172,073
Provider # 116	Yes	0.05	Yes	0.08	Yes	0.1	1	Yes	0.15	0.2	Yes	0.12	0.14	35.95	\$1,456,000
Provider # 96	Yes	0.045	No		Yes	0.04	0.85	Yes	0.04	0.08	Yes	0.04	0.08	129.00	\$5,556,368
Provider # 32	Yes	0.05	Yes	0.05	Yes	0.02	0.3	Yes	0.17	0.17	Yes	0.02	0.02	536.96	\$15,089,070
Provider # 352	Yes	0.03	No	0.03	Yes	0.03	0.8	Yes	0.225	0.055	Yes	0.22	0.05	109.07	\$4,039,655
Provider # 9	No		No		Yes	0.04	1	No			No			9.36	\$437,323

**Provider Survey Data
SFY06 Rate Feedback**

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Attendant Care

Detailed Rate Feedback for Attendant Care

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	16.44	1.00	156.80
Provider # 244	Too Low	17.93	3.00	40.00
Provider # 394	Too Low	18.00	1.00	8.17
Provider # 235	Too Low	17.59	1.00	47.68
Provider # 85	Too Low	16.99	2.00	8.40
Provider # 219		.	.	53.20
Provider # 381		.	.	0.30
Provider # 64	Too Low	18.00	2.00	17.73
Provider # 1	Too Low	19.90	1.00	47.00
Provider # 132	Too Low	16.99	1.00	4.40
Provider # 232	Too Low	19.00	1.00	14.40
Provider # 492	Too Low	18.00	2.00	223.80
Provider # 234	Too Low	22.00	.	.
Provider # 20	Too Low	19.00	.	4.00
Provider # 116	Too Low	18.00	2.00	0.45
Provider # 32	Too Low	20.00	1.00	29.40
Provider # 352	Too Low	18.00	1.00	2.54

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Habilitation, Community Protection & Treatment, Hourly

Detailed Rate Feedback for Habilitation, Community Protection and Treatment Hourly

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	21.94	5.00	0.00
Provider # 132	Too Low	22.78	5.00	0.00
Provider # 232	Too Low	22.00	3.00	0.00
Provider # 492	Too Low	22.40	3.00	0.00
Provider # 234	Too Low	25.00	.	.
Provider # 32	Too Low	.	.	0.00

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Habilitation, Support

Detailed Rate Feedback for Habilitation, Support

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	20.88	3.00	117.60
Provider # 244	Too Low	21.88	2.00	80.00
Provider # 394	Appropriate	.	.	0.90
Provider # 235	Too Low	21.89	3.00	35.76
Provider # 85	Too Low	21.68	2.00	4.20
Provider # 1	Too Low	25.39	1.00	15.50
Provider # 132	Too Low	21.68	1.00	4.40
Provider # 232	Too Low	22.00	3.00	0.00
Provider # 234	Too Low	25.00	.	.
Provider # 20	Too Low	22.00	.	20.00
Provider # 116	Too Low	20.00	1.00	0.45
Provider # 32	Too Low	20.00	1.00	42.70
Provider # 352	Appropriate	19.89	10.00	5.50

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Housekeeping

Detailed Rate Feedback for Housekeeping

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	15.07	4.00	0.00
Provider # 235	Too Low	16.36	4.00	0.00
Provider # 1	Too Low	18.33	2.00	0.00
Provider # 132	Too Low	15.65	3.00	0.00
Provider # 232	Too Low	18.00	1.00	5.25
Provider # 492	Too Low	15.10	4.00	0.00
Provider # 32	Too Low	20.00	3.00	0.00

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Respite, Hourly

Detailed Rate Feedback for Respite, Hourly

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	16.12	2.00	117.60
Provider # 244	Too Low	16.81	4.00	60.00
Provider # 394	Too Low	17.00	2.00	4.09
Provider # 235	Too Low	17.28	2.00	35.76
Provider # 85	Too Low	16.66	2.00	8.40
Provider # 64	Too Low	17.00	3.00	17.73
Provider # 1	Too Low	19.50	1.00	15.00
Provider # 132	Too Low	16.66	1.00	4.40
Provider # 232	Too Low	18.50	2.00	3.60
Provider # 492	Too Low	18.00	1.00	298.40
Provider # 234	Too Low	20.00	.	.
Provider # 20	Too Low	19.00	.	8.00
Provider # 116	Too Low	17.10	1.00	0.60
Provider # 32	Too Low	20.00	1.00	58.80
Provider # 352	Appropriate	15.28	10.00	4.16

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Respite, Continuous

Detailed Rate Feedback for Respite, Continuous

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	16.12	2.00	0.00
Provider # 244	Too Low	17.50	1.00	0.00
Provider # 1	Too Low	19.50	1.00	0.00
Provider # 132	Too Low	16.66	4.00	0.00
Provider # 232	Too Low	17.00	5.00	0.00
Provider # 492	Too Low	18.00	.	0.00
Provider # 234	Too Low	20.00	.	.
Provider # 32	Too Low	20.00	1.00	0.00
Provider # 352	Too Low	20.00	1.00	0.00

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Habilitation, IDLA

Detailed Rate Feedback for Habilitation, IDLA

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	21.00	4.00	30.00
Provider # 394	Too Low	22.00	3.00	24.51
Provider # 383	Too Low	23.00	1.00	10.00
Provider # 381	Appropriate	.	.	0.40
Provider # 64	Too Low	22.00	1.00	0.00
Provider # 1	Too Low	25.65	1.00	7.50
Provider # 132	Too Low	21.91	3.00	30.80
Provider # 20	Too Low	22.00	.	8.00
Provider # 96	Too Low	.	2.00	12.00
Provider # 32	Too Low	21.00	1.00	16.10
Provider # 352	Appropriate	20.10	1.00	1.20

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Day Treatment & Training, Adult

Detailed Rate Feedback for Day Treatment and Training, Adult

Provider Name	Staffing of 1:2.5 to 1:4.5			Staffing of 1:4.51 to 1:6.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	10.71	1	Too Low	7.80	1	48.00
Provider # 244	Too Low	11.00	2	.	.	.	17.20
Provider # 176	Too Low	11.41	1	.	.	.	12.60
Provider # 394	Too Low	12.50	1	.	.	.	35.97
Provider # 383	Too Low	12.43	1	.	.	.	3.90
Provider # 235	Too Low	14.18	1	.	.	.	4.54
Provider # 67	Too Low	11.22	1	.	.	.	54.38
Provider # 85	Too Low	11.56	1	.	.	.	28.86
Provider # 64	Too Low	11.50	1	.	.	.	38.42
Provider # 48	Too Low	10.45	.	.	.	.	19.90
Provider # 132	Too Low	11.00	1	Too Low	8.00	2	51.08
Provider # 492	Too Low	11.73	1	.	.	.	7.10
Provider # 234	Too Low	13.00	2	Too Low	9.50	2	.
Provider # 20	.	.	.	Too Low	10.00	.	14.40
Provider # 116	Too Low	12.35	1	.	.	.	16.20
Provider # 96	Too Low	.	1	.	.	.	12.60
Provider # 32	Too Low	15.20	1	Too Low	12.43	1	64.00
Provider # 352	Appropriat	10.20	1	Appropriat	7.43	.	15.00

Provider Name	Staffing of 1:6.51 to 1:8.5			Staffing of 1:8.51 to 1:10.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	6.45	1	Too Low	5.65	1	48.00
Provider # 244	.	.	.	.	.	.	17.20
Provider # 176	.	.	.	.	.	.	12.60
Provider # 394	.	.	.	.	.	.	35.97
Provider # 383	.	.	.	.	.	.	3.90
Provider # 235	.	.	.	.	.	.	4.54
Provider # 67	.	.	.	.	.	.	54.38
Provider # 85	.	.	.	.	.	.	28.86
Provider # 64	.	.	.	.	.	.	38.42
Provider # 48	.	.	.	.	.	.	19.90
Provider # 132	Too Low	6.65	5	Too Low	5.85	5	51.08
Provider # 492	.	.	.	.	.	.	7.10
Provider # 234	Too Low	8.00	2	Too Low	7.00	2	.
Provider # 20	.	.	.	.	.	.	14.40
Provider # 116	.	.	.	.	.	.	16.20
Provider # 96	.	.	.	.	.	.	12.60
Provider # 32	Too Low	11.14	1	Too Low	10.38	1	64.00
Provider # 352	Appropriat	6.14	.	Appropriat	5.38	.	15.00

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Day Treatment & Training, Child (After-School)

Detailed Rate Feedback for Day Treatment and Training, Child (After-School)

Provider Name	Staffing of 1:2.5 to 1:4.5			Staffing of 1:4.51 to 1:6.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	10.34	3	Too Low	7.97	3	0.00
Provider # 235	Too Low	13.69	2		.		11.35
Provider # 64	Too Low	10.85	4		.		0.00
Provider # 132	Too Low	10.75	5	Too Low	8.25		0.00
Provider # 116	Too Low	12.75	1		.		3.60

Provider Name	Staffing of 1:6.51 to 1:8.5			Staffing of 1:8.51 to 1:10.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	6.87	3	Too Low	6.22	3	0.00
Provider # 235							11.35
Provider # 64							0.00
Provider # 132	Too Low	7.10		Too Low	6.45		0.00
Provider # 116							3.60

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Day Treatment & Training, Child (Summer)

Detailed Rate Feedback for Day Treatment and Training, Child (Summer)

Provider Name	Staffing of 1:2.5 to 1:4.5			Staffing of 1:4.51 to 1:6.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	10.34	3	Too Low	7.97	3	0.00
Provider # 394	Too Low	11.00	4	.	.	.	31.65
Provider # 235	Too Low	13.69	4	.	.	.	2.27
Provider # 64	Too Low	10.85	3	.	.	.	0.00
Provider # 48	Appropriat	10.00	7	.	.	.	0.00
Provider # 132	Too Low	10.75	5	Too Low	8.25	5	0.00
Provider # 116	Too Low	13.00	1	.	.	.	11.70

Provider Name	Staffing of 1:6.51 to 1:8.5			Staffing of 1:8.51 to 1:10.5			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	6.87	3	Too Low	6.22	3	0.00
Provider # 394							31.65
Provider # 235							2.27
Provider # 64							0.00
Provider # 48							0.00
Provider # 132	Too Low	6.54		Too Low	6.45		0.00
Provider # 116							11.70

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Regularly Scheduled Daily Transportation

Detailed Rate Feedback for Flat Trip Rate for Regularly Scheduled Daily Transportation

Provider Name	Urban			Rural			Weighted FTE
	Rate App?	App Rate	Priority	Rate App?	App Rate	Priority	
Provider # 378	Too Low	10.24	1	Too Low	14.61	1	4.80
Provider # 244	Too Low	14.00	1		.	.	0.00
Provider # 176	Too Low	10.29	2		.	.	1.40
Provider # 394	Too Low	12.00	2	Too Low	16.00	3	6.06
Provider # 235	Too Low	13.55	3		.	.	4.54
Provider # 64	Too Low	17.50	1	Too Low	21.00	2	0.00
Provider # 48	Too Low	10.75	1		.	.	2.10
Provider # 132	Too Low	10.60	2	Too Low	15.15	2	5.68
Provider # 234	Too Low	12.00	3	Too Low	16.00	3	.
Provider # 20	Too Low	13.00	.		.	.	2.80
Provider # 116	Too Low	14.00	1		.	.	3.50
Provider # 96	Too Low	.	2		.	.	5.40

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Developmental Home, Child

Detailed Rate Feedback for Vendor Supported Developmental Home, Child

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	122.00	2	.
Provider # 32	Too Low	.	1	0.50
Provider # 378	Too Low	128.74	1	5.50
Provider # 64	Too Low	120.00	2	1.60
Provider # 234	Too Low	128.00	1	2.10
Provider # 244	Appropriate	.	.	0.80

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Developmental Home, Adult

Detailed Rate Feedback for Vendor Supported Developmental Home, Adult

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	119.00	1	.
Provider # 32	Too Low	.	1	0.50
Provider # 378	Too Low	126.21	1	1.10
Provider # 64	Too Low	115.00	3	0.40
Provider # 234	Too Low	125.00	1	0.90
Provider # 244	Appropriat	.	.	0.20
Provider # 352	Appropriat	109.75	1	0.00

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Developmental Home, Room & Board

Detailed Rate Feedback for Vendor Supported Developmental Home, Room & Board

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	14.29	3	
Provider # 32	Too Low		1	
Provider # 378	Too Low	15.08	1	
Provider # 64	Too Low	14.25	1	
Provider # 234	Too Low	17.00	2	
Provider # 244	Too Low	15.00	1	
Provider # 352	Appropriate	13.11	1	

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Habilitation, Community Protection & Treatment, Group Home

Detailed Rate Feedback for Habilitation, Community Protection and Treatment Group Home (Staff Hour)

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	21.53	3	5.00
Provider # 67	Too Low	.	.	0.00
Provider # 64	Too Low	23.00	2	13.03
Provider # 132	Too Low	22.75	4	29.20
Provider # 32	Too Low	27.00	1	33.10

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Habilitation, Group Home

Detailed Rate Feedback for Habilitation, Group Home (Staff Hour)

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 378	Too Low	19.35	3.00	618.00
Provider # 349	Appropriate	.	.	42.22
Provider # 394	Too Low	22.00	2.00	147.00
Provider # 383	Too Low	21.60	2.00	111.20
Provider # 67	Too Low	20.67	1.00	172.25
Provider # 85	Too Low	20.67	1.00	146.00
Provider # 64	Too Low	20.67	1.00	117.31
Provider # 48	Too Low	20.00	1.00	68.00
Provider # 132	Too Low	20.50	1.00	262.80
Provider # 20	Too Low	22.00	.	2.40
Provider # 96	Too Low	20.00	2.00	137.00
Provider # 32	Too Low	24.00	1.00	297.90
Provider # 352	Appropriate	18.79	1.00	81.66
Provider # 9	Too Low	25.00	1.00	0.00

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Habilitation, Nursing Supported Group Home

Detailed Rate Feedback for Habilitation, Nursing Supported Group Home

Level I				
Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	360	7	
Provider # 96	Too Low	450	1	

Level II				
Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	420	7	
Provider # 96	Too Low	500	1	

Level III				
Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 132	Too Low	480	7	
Provider # 96	Too Low	550	1	

Arizona Division of Developmental Disabilities
 SFY06 Rate Feedback Provided within Survey Responses
 Group Home, Room & Board

Detailed Rate Feedback for Room and Board, Group Home

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 349	Too Low	.	1	
Provider # 383	Too Low	.	1	
Provider # 85	Too Low	23.77	2	
Provider # 64	Too Low	.	3	
Provider # 48	Too Low	.	1	
Provider # 132	Too Low	.	2	
Provider # 20	Too Low	.	.	
Provider # 32	Too Low	.	1	
Provider # 352	Too Low	30.00	1	

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Home Health Aide

Detailed Rate Feedback for Home Health Aide

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 359	Too Low	30.00		0.00

Arizona Division of Developmental Disabilities
SFY06 Rate Feedback Provided within Survey Responses
Nursing

Detailed Rate Feedback for Nursing

Provider Name	Rate App?	App Rate	Priority	Weighted FTE
Provider # 359	Too Low	44.00		23.50

Division of Developmental Disabilities
SFY08 Rate Rebasing Project

Appendix D

Provider Survey

December 6, 2007

Schedule 1
General Provider Information

Provider Name

Please Indicate the Services Provided by Your Organization (Check Appropriate Boxes)

Home & Community Based/Independent Living Services	<input checked="" type="checkbox"/>
Attendant Care, Non-Family & Family (ANC,AFC)	
Habilitation, Community Protection and Treatment Hourly (HPH)	
Habilitation, Support (HAH)	
Housekeeping (HSK)	
Respite, Hourly & Continuous (RSP & RSD)	
Habilitation, Individually Designed Living Arrangement (HAI)	
Day Treatment & Training Services	<input checked="" type="checkbox"/>
Day Treatment and Training, Adult (DTA)	
Day Treatment and Training, Child (After School) (DTT)	
Day Treatment and Training, Child (Summer) (DTT)	
Developmental Home Services	<input checked="" type="checkbox"/>
Vendor Supported Developmental Home, Child (HBC)	
Vendor Supported Developmental Home, Adult (HBA)	
Vendor Supported Developmental Home, Room & Board (RRD)	
Group Home Services	<input checked="" type="checkbox"/>
Habilitation, Community Protection and Treatment Group Home (HPD)	
Habilitation, Group Home (HAB)	
Habilitation, Nursing Supported Group Home (HAN)	
Room and Board, Group Home (RRB)	
Professional Services (<i>Nursing & Home Health Aide Only</i>)	<input checked="" type="checkbox"/>
Nursing (HNX or HRX)	
Home Health Aide (HHA)	
Transportation Services	<input type="checkbox"/>
Flat Trip Rate for Regularly Scheduled Daily Transportation (TRA)	

Is your organization classified as a 501(c)(3)?

If so, please list the name under which your organization's 990 is filed:

**Schedule 1A
Provider Certification and
General Provider Information**

Provider Name

Provider ID (FEIN)
FOCUS Provider ID
Organization Year End

I have examined the accompanying survey prepared by and for _____, and to the best of my knowledge and belief, the information is a true, accurate, and complete statement prepared to reflect the operations of the organization and is considered a "good faith" effort on this organizations part to participate in the rate setting process as required under A.R.S 36-557.

I understand that by submitting the survey from the e-mail address listed below, I assure the Division of Developmental Disabilities that the information contained in this survey is true and accurate. Additionally, I understand that the information contained within this survey will only be utilized by the Division of Developmental Disabilities for the purposes of aiding with the rate setting process.

Print or Type Name of Owner, Officer, or Authorized Representative			
(Last)	(First)	(M.I.)	
Title	Telephone Number	Fax Number	
Complete Address:			
Address (1)			
Address (2)			
City	AZ	Zip Code	

Report Prepared by (Company)			
Report Prepared by (Individual)			
(Last)	(First)	(M.I.)	Title
Address			
City, State, Zip Code			
Telephone Number (for Person Preparing Survey)		Fax Number (for Person Preparing Survey)	
E-mail Address (for Person Preparing Survey)		Provider Website (if applicable)	

Schedule 2
Direct Care Benefits Provided

Provider Name

Questions Related to Direct Service Staff Benefits

(Do Not Include Benefits for purely Administrative Employees, see instructions for definitions of terms)

Paid Time Off (PTO)

- | | | |
|-----|--|--|
| 1.1 | Are Direct Service Staff Eligible to Receive PTO? (Yes/No) | |
| 1.2 | Are Part-Time employees Eligible for PTO? (Yes/No) | |
| 1.3 | How many hours (minimum) must an employee work for Full-Time Status? | |
| 1.4 | If Direct Service Staff Are Eligible for PTO, is there a waiting period before staff are eligible to use PTO? | |
| 1.5 | For Full-Time Employees, what is the minimum amount of PTO employees are eligible to receive? (Days per year) | |
| 1.6 | For Full-Time Employees, what is the maximum amount of PTO employees are eligible to receive? (Days per year) | |
| 1.7 | For Full-Time Employees, what is the average amount of PTO employees are eligible to receive? (Days per year) | |

Extended Illness Benefit (EIB)

- | | | |
|-----|--|--|
| 2.1 | Does your organization definition/use of EIB differ from that defined in this survey (see instructions)? (Yes/No) | |
| 2.2 | If so, briefly explain the | |
| 2.3 | Are Direct Service Staff Eligible to Receive EIB? (Yes/No) | |
| 2.4 | Are Part-Time employees Eligible for EIB? (Yes/No) | |
| 2.5 | If Direct Service Staff Are Eligible for EIB, is there a waiting period before staff are eligible to use EIB? | |
| 2.6 | For Full-Time Employees, what is the minimum amount of EIB employees are eligible to receive? (Days per year) | |
| 2.7 | For Full-Time Employees, what is the maximum amount of EIB employees are eligible to receive? (Days per year) | |
| 2.8 | For Full-Time Employees, what is the average amount of EIB employees are eligible to receive? (Days per year) | |

Health Insurance

- | | | |
|-----|--|--|
| 3.1 | Are Direct Service Staff Eligible to Receive Health Insurance? (Yes/No) | |
| 3.2 | Are Part-Time employees Eligible for Health Insurance? (Yes/No) | |
| 3.3 | If Direct Service Staff Are Eligible for Health Insurance, is there a waiting period before staff are eligible for Health Insurance? | |

Privately Funded Retirement Plan (Other than a 401k or 403b, see instructions)

- | | | |
|-----|--|--|
| 4.1 | Does your organization contribute to a privately funded retirement plan for your direct service staff? | |
| 4.2 | Are Part-Time employees Eligible for the retirement plan? (Yes/No) | |
| 4.3 | If your organization contribute to a privately funded retirement plan for your direct service staff: | |
| | (A) Is the amount a fixed dollar amount or a percentage of salary? | |
| | (B) What is the fixed dollar amount or percentage of salary? | |
| | (C) What length of service is required for participation (in years)? | |
| | (D) Approximately what percentage of your eligible direct service staff participate in this benefit? | |

401k or 403b

- | | | |
|-----|---|--|
| 5.1 | Does your organization contribute to a 401k or 403b plan for your direct service staff? | |
| 5.2 | Are Part-Time employees Eligible for the 401k or 403b plan? (Yes/No) | |
| 5.3 | If your organization contribute to a 401k or 403b plan for your direct service staff: | |
| | (A) Is the amount a fixed dollar amount or a percentage of salary? | |
| | (B) What is the fixed dollar amount or percentage of salary? | |
| | (C) What length of service is required for participation (in years)? | |
| | (D) Approximately what percentage of your eligible direct service staff participate in this benefit? | |
| 6. | What is your AZ state unemployment FUTA/SUTA rate for 2006? | |
| 7. | What is your workers' compensation rate for direct service staff under your current policy period (express as a rate for \$1,000 wages paid)? | |

Comments:

--

Schedule 2
Direct Care Benefits Provided

Provider Name

Questions Related to Health Insurance and Other Benefits Provided by the Employer

	Coverage Type	Average Number of Employees Enrolled	Total Monthly Premium per Employee	Employer-paid portion (fill in one)	
				(as a % of total)	(as a \$\$ amt)
	Example #1	5	\$ 700.00	80%	
	Example #2	5	\$ 700.00		\$ 560.00
Health Insurance	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Dental	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Vision	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
LT Disability	Per Employee				
ST Disability	Per Employee				
Employee Assistance Program	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				
Other	Single Coverage				
	Employee + Spouse				
	Employee + Child				
	Family Coverage				

Comments:

Schedule 3
Administrative and Indirect Expense Schedule
Method 1

Provider Name

Administrative Expenses		Indirect Expenses	
Compensation of Officers		Salaries and Wages	
Wages for Non-Officer Admin Staff		Program Supervision	
Employee related expenses		Program Support	
Rents/Mortgage Payments for Admin Office(s)		Employee Related Expenses	
Utilities for Admin Office(s)		<i>For the following expenses, exclude the Salaries & Wages included above</i>	
Repairs and Maintenance (for Administrative Offices)		Rents/Mortgage Payments for Indirect Office	
Professional Liability Insurance		Utilities for Indirect Office(s)	
Property and Casualty Insurance (Admin)		Repairs and Maintenance for Indirect Office(s)	
Vehicle Insurance (Admin Vehicles only)		General Liability Insurance	
Legal and Accounting		Property and Casualty Insurance (Indirect)	
Telephone/Communications		Vehicle Insurance (Indirect Vehicles only)	
Taxes and Licenses		Medical Records Expenses	
Advertising		Billing Expenses	
Bad Debts		Program Consultation	
Interest Expense (Excluding Mortgage)		Training Expenses	
Charitable Contributions		Depreciation (excluding buildings and non-indirect vehicles)	
Net Depreciation (excluding buildings and non-administrative vehicles)			
Other admin expenses (if total is greater than 10% of all admin expenses, detail out below)		Other indirect expenses (if total is greater than 10% of all Indirect expenses, detail out below)	
Other #1 _____		Other #1 _____	
Other #2 _____		Other #2 _____	
Other #3 _____		Other #3 _____	
Other #4 _____		Other #4 _____	
Other #5 _____		Other #5 _____	
Other #6 _____		Other #6 _____	
Other #7 _____		Other #7 _____	
TOTAL Admin Expenses	\$ -	TOTAL Indirect Expenses	\$ -
			Total Admin & Indirect
			\$ -

Enter the following for each of your lines of business:

	DES-DDD	ALTCS Program Contractors	ADHS (RBHAs)	Arizona County Agencies	Private Sector Agencies	Other	TOTAL
Total revenue received							\$ -

Schedule 3
Administrative and Indirect Expense Schedule
Method 2

Provider Name

METHOD #2	Spread Administrative Costs across all payers						
	DES-DDD	ALTCS Program Contractors	ADHS (RBHAs)	Arizona County Agencies	Private Sector Agencies	Other	TOTAL
Compensation of Officers							\$ -
Wages for Non-Officer Admin Staff							\$ -
Employee related expenses							\$ -
Rents/Mortgage Payments for Admin Office(s)							\$ -
Utilities for Admin Office(s)							\$ -
Repairs and Maintenance (for Administrative Offices)							\$ -
Professional Liability Insurance							\$ -
Vehicle Insurance (Admin Vehicles only)							\$ -
Legal and Accounting							\$ -
Telephone/Communications							\$ -
Taxes and Licenses							\$ -
Advertising							\$ -
Bad Debts							\$ -
Interest Expense (Excluding Mortgage)							\$ -
Charitable Contributions							\$ -
Net Depreciation (excluding buildings and non-administrative vehicles)							\$ -
Other admin expenses (if total is greater than 10% of all admin expenses, detail out below)							
Other #1 _____							\$ -
Other #2 _____							\$ -
Other #3 _____							\$ -
Other #4 _____							\$ -
Other #5 _____							\$ -
Other #6 _____							\$ -
Other #7 _____							\$ -
TOTAL Admin Expenses by Line of Business	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule 3
Administrative and Indirect Expense Schedule
Method 2

Provider Name							
METHOD #2	Spread Indirect Costs across all payers						
	DES-DDD	ALTCS Program Contractors	ADHS (RBHAs)	Arizona County Agencies	Private Sector Agencies	Other	TOTAL
Salaries and Wages							
Program Supervision							\$ -
Program Support							\$ -
Employee Related Expenses							\$ -
<i>For the following expenses, exclude the Salaries & Wages included above</i>							
Rents/Mortgage Payments for Indirect Office							\$ -
Utilities for Indirect Office(s)							\$ -
General Liability Insurance							\$ -
Vehicle Insurance (Indirect Vehicles only)							\$ -
Repairs and Maintenance for Indirect Office(s)							\$ -
Medical Records Expenses							\$ -
Billing Expenses							\$ -
Program Consultation							\$ -
Training Expenses							\$ -
Depreciation (excluding buildings and non-indirect vehicles)							\$ -
Other indirect expenses (if total is greater than 10% of all Indirect expenses, detail out below)							
Other #1 _____							\$ -
Other #2 _____							\$ -
Other #3 _____							\$ -
Other #4 _____							\$ -
Other #5 _____							\$ -
Other #6 _____							\$ -
Other #7 _____							\$ -
TOTAL Indirect Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
						Total Admin & Indirect Expenses	\$ -
Enter the following for each of your lines of business:							
	DES-DDD	ALTCS Program Contractors	ADHS (RBHAs)	Arizona County Agencies	Private Sector Agencies	Other	TOTAL
Total revenue received							\$ -

Schedule 3A
Direct Service Staff Recruitment & Hiring Expenses

Provider Name

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Direct Service Staff Hiring Expenses

Hiring Expenses

Advertising	
Human Resources	
Background/Driving Check	
Initial Status Check	
General Physical	
Drug Screening	
TB Screening	
Hepatitis B Screening	
Other Screening	
Initial Staff Training Expenses	
Training Staff Wages & Salaries	
Training Staff Employee Related Expenses	
Training Materials	
Total Hiring Expenses	\$ -

Comments:

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Schedule 4

Administrative & Indirect Job Categories

Provider Name	
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Administrative Staff Job Categories

[illegible]

Indirect Staff Job Categories

[illegible]

Schedule 5
Direct Service Staff Wage & Salary Anticipated Adjustments

Provider Name

***Current Policies & Plans for Direct Service Staff Wage & Salary Adjustment
Current Estimated Changes to Health Insurance, Other Benefits & Other Expenditures
For the Organizational Years Ending in 2006 & 2007***

- | | | |
|-----|--|----------------------|
| 1.1 | Does your Organization have step increases awarded to all Direct Service Staff during the fiscal year ending in 2007? | <input type="text"/> |
| 1.2 | If your organization has step increases, average percentage step is: | <input type="text"/> |
| 2.1 | Does your Organization plan on giving a general compensation increase by raising the entire wage and salary structure during your fiscal year ending in 2007? (Yes/No) | <input type="text"/> |
| 2.2 | If your organization is planning a general compensation increase, percentage increase will be: | <input type="text"/> |
| 3.1 | Does your Organization plan to give selected merit increases/performance awards to Direct Service Staff during your fiscal year ending in 2007? (Yes/No) | <input type="text"/> |
| 3.2 | If your organization does plan to give merit increases/performance awards: | |
| | (A) Average increase/award is: (percentage) | <input type="text"/> |
| | (B) Percentage of workforce receiving merit increases/performance awards is: | <input type="text"/> |
| 4.1 | Does your Organization anticipate a change to the cost of Health Insurance provided to employees during the year ending in 2007? (Yes/No) | <input type="text"/> |
| 4.2 | What was the percentage increase experienced for the fiscal year ended in 2006? | <input type="text"/> |
| 4.3 | What is the anticipated/expected percentage increase for fiscal year ending in 2007? | <input type="text"/> |
| 5.1 | Does your Organization anticipate a change to the cost of Other Benefits provided to employees? (Yes/No) | <input type="text"/> |
| 5.2 | What was the percentage increase experienced for the fiscal year ended in 2006? | <input type="text"/> |
| 5.3 | What is the anticipated/expected percentage increase for fiscal year ending in 2007? | <input type="text"/> |
| 6.1 | Anticipated Impact to Other Expenses for the fiscal year ending in 2007: | <input type="text"/> |
| 7.1 | What will the anticipated impact of Arizona Proposition 202 (Minimum wage) have on your existing wage and salary schedule? | <input type="text"/> |

Comments:

Direct Care Wages for Home Based & Independent Living Services

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**Please Complete This Schedule ONLY If Your Organization Provides:
Home Based Services or Independent Living Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Wages

[illegible]

Schedule HB2

Utilization of Direct Care Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Home Based Services or Independent Living Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Services Provided

[illegible]

**Schedule HB3
Direct Care Staff Time & Base Assumptions**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Home Based Services or Independent Living Services (see page 1 for listing of services)**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service if the service is provided <u>exclusively</u> by the Direct Care Staff during the shift								
	Unit	Example: Attendant Care	Attendant Care	Habilitation, Community Protection and Treatment Hourly	Habilitation, Support	Housekeeping	Respite	Respite, Continuous	Habilitation, Individually Designed Living Arrangement
Average Number of Visits	Per Shift	3.00							
Average Visit/Encounter Length	Hours	2.50							
Annual Training time provided by employer, per staff, 1st year (hours)	Per Year	25.00							
Annual Training time provided by employer, per staff, after 1st year (hours)	Per Year	10.00							
Are Notes & Medical Records included in Direct Service Time?	Yes/No	No							
Notes & Medical Records (hours)	Per Shift	0.25							
Down Time (hours)	Per Shift	0.00							
Total Travel to, between and from clients, Time (hours)	Per Day	0.50							
Total Travel to, between and from clients, Distance (miles)	Per Day	15.00							
Average number of missed appointments	Per Week	1.00							

Other Factors for Consideration:

Ground Speed Assumption:

Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)

If not, what is a reasonable ground speed?

Comments:

Schedule HB4
Home Based & Independent Living Services Provided
Current Rates Feedback

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Home Based Services or Independent Living Services (see page 1 for listing of services)**

Provided by Organization	Service & Description	Current Rate	Is Rate Appropriate?	Most Appropriate Rate	Priority*
X	Example: Habilitation, Support	\$ 19.89	Too Low	\$ 22.00	2
Home-Based Services					
	Attendant Care	\$ 15.59			
	Habilitation, Community Protection and Treatment Hourly	\$ 20.90			
	Habilitation, Support	\$ 19.89			
	Housekeeping	\$ 14.36			
	Respite	\$ 15.28			
	Respite, Continuous	\$ 15.28			
Independent Living Services					
	Habilitation, Individually Designed Living Arrangement	\$ 20.10			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.

Comments:

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<p align="center">Please Complete This Schedule ONLY If Your Organization Provides: Day Treatment & Training Services (see page 1 for listing of services)</p>	
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[illegible]

Schedule DT2

Utilization of Direct Care Staff

Provider Name	
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**Please Complete This Schedule ONLY If Your Organization Provides:
Day Treatment and Training Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Services Provided

[illegible]

Schedule DT3
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Day Treatment and Training Services (see page 1 for listing of services)**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.							
	Unit	Example: Day Treatment and Training, Adult	Day Treatment and Training, Adult		Day Treatment and Training, Child (After School)		Day Treatment and Training, Child (Summer)	
		Facility Based	Facility Based	Community Based	Facility Based	Community Based	Facility Based	Community Based
Number of Days program operates	Per Year	250						
Typical annual attendance for a client	Per Year	210						
Length of Typical Program, Minimum (hours)	Per Shift	3.00						
Length of Typical Program, Maximum (hours)	Per Shift	7.00						
Length of Typical Program, Average (hours)	Per Shift	5.00						
Average Scheduled Group Size	Per Group	16						
Average Participating Group Size	Per Group	14						
Average Number of Staff Present	Per Group	5						
Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes						
Notes & Medical Records, per staff (hours)	Per Shift	0.25						
Down Time, per staff member (hours)	Per Shift	0.25						
Facility Preparation Time, Set up/Take Down, per staff member (hours)	Per Shift	0.50						
Annual Training time provided by employer, per staff member, 1st year (hours)	Per Year	25.00						
Annual Training time provided by employer, per staff member, after 1st year (hours)	Per Year	15.00						
Approximate average costs for snacks/meals per client, per day	Value	\$3.00						
Approximate average costs for supplies per client, per day	Value	\$2.50						
Approximate Square Footage / client	Value	125						
Approximate operating cost per ft ² (including rent)	Value	\$12.00						
Average insurance cost per vehicle?	Per Year	\$3,600.00						
Average miles per gallon per vehicle?	Per Year	25						
For clients w/o transportation provided, approximate percent of late & early?*	Per Group	10%						

**Schedule DT3
Direct Care Staff Time & Base Assumptions**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.							
	Unit	Example: Day Treatment and Training, Adult	Day Treatment and Training, Adult		Day Treatment and Training, Child (After School)		Day Treatment and Training, Child (Summer)	
		Facility Based	Facility Based	Community Based	Facility Based	Community Based	Facility Based	Community Based
<i>For client transportation both to & from program:</i>								
Approximate percentage of clients receiving transportation both to & from program?	Per Group	75%						
Are there staff solely dedicated to Transportation? (Yes/No)	Yes/No	No						
If so how many?	Per Group	0.0						
Typical passenger size of vehicle utilized for client transportation?	Value	12						
Typical number of staff utilized for transportation in each vehicle?	Value	2						
Average time per staff member engaged in transport of clients both to & from program (hours)	Per Shift	0.50						
Average distance to transport clients both to & from program (miles)	Per Shift	6.0						
<i>For client transportation within the program (outings):</i>								
On average how many outings occur per week, per group?	Per Group	1						
What is the average distance traveled for outings? (miles)	Per Group	10						

* Late & Early is considered more than 30 min after the program starts or ends.

Other Factors for Consideration:

Ground Speed Assumption:

Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings? (Yes/No)

If not, what is a reasonable ground speed?

Comments:

Schedule DT4
Day Treatment & Training Services Provided
Current Rates Feedback

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Day Treatment & Training Services (see page 1 for listing of services)**

Provided by Organization	Service & Description	Current Rate	Rate is Appropriate?	Most Appropriate Rate	Priority*
X	Example: Day Treatment and Training, Adult Staffing of 1:4.51 to 1:6.5	\$ 7.43	Too Low	\$ 8.50	2
	Day Treatment and Training Services				
	Day Treatment and Training, Adult				
	Staffing of 1:2.5 to 1:4.5	\$ 10.20			
	Staffing of 1:4.51 to 1:6.5	\$ 7.43			
	Staffing of 1:6.51 to 1:8.5	\$ 6.14			
	Staffing of 1:8.51 to 1:10.5	\$ 5.38			
	Day Treatment and Training, Children (After-School)				
	Staffing of 1:2.5 to 1:4.5	\$ 9.85			
	Staffing of 1:4.51 to 1:6.5	\$ 7.59			
	Staffing of 1:6.51 to 1:8.5	\$ 6.54			
	Staffing of 1:8.51 to 1:10.5	\$ 5.92			
	Day Treatment and Training, Children (Summer)				
	Staffing of 1:2.5 to 1:4.5	\$ 9.85			
	Staffing of 1:4.51 to 1:6.5	\$ 7.59			
	Staffing of 1:6.51 to 1:8.5	\$ 6.54			
	Staffing of 1:8.51 to 1:10.5	\$ 5.92			
	Other Services				
	Flat Trip Rate for Regularly Scheduled Daily Transportation, Urban	\$ 9.75			
	Flat Trip Rate for Regularly Scheduled Daily Transportation, Rural	\$ 13.91			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

Schedule DT4
Day Treatment & Training Services Provided
Current Rates Feedback

For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.

Comments:

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Schedule DT4
Day Treatment & Training Services Provided
Current Rates Feedback

Provided by Organization	Service & Description	Current Rate	Rate is Appropriate?	Most Appropriate Rate	Priority*
X	Example: Day Treatment and Training, Adult Staffing of 1:4.51 to 1:6.5	\$ 7.43	Too Low	\$ 8.50	2
	Day Treatment and Training Services				
	Rural Day Treatment and Training, Adult				
	Staffing of 1:2.5 to 1:4.5	\$ 11.33			
	Staffing of 1:4.51 to 1:6.5	\$ 8.53			
	Staffing of 1:6.51 to 1:8.5	\$ 7.27			
	Staffing of 1:8.51 to 1:10.5	\$ 6.52			
	Behaviorally or Medically Intense Day Treatment and Training				
	Staffing of 1:1 (Adult or Child)	\$ 19.89			
	Staffing of 1:2 (Adult or Child)	\$ 12.43			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

<i>For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.</i>	

Provider Name

Direct Service Staff Job Categories - Wages

[illegible]

Schedule DH2

Utilization of Direct Care Staff

Provider Name	
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**Please Complete This Schedule ONLY If Your Organization Provides:
Developmental Home Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Services Provided

[illegible]

**Schedule DH3
Direct Care Staff Time & Base Assumptions**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Developmental Home Services (see page 1 for listing of services)**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.				
	Unit	Example: Vendor Supported Developmental Home, Adult	Vendor Supported Developmental Home, Child	Vendor Supported Developmental Home, Adult	Vendor Supported Developmental Home, Room & Board
Typical number of years a family home provides Developmental Home services	Years	4			
Typical number of clients in the home	Per Day	1.0			
Average client caseload per staff that supervise/monitor Developmental Homes	Per Year	45			
Does each client typically have their own bedroom?	Yes/No	Yes			
Typical number of clients per bedroom?	Value	1			
Approximate Square Footage per bedroom	Value	150			
Average number of miles traveled on behalf of client by developmental home/family	Per Month	20			
Annual Training time provided by Qualified Vendor after certification, per home, 1st year (hours)	Per Year	40			
Annual Training time provided by Qualified Vendor after certification, per home, after 1st year (hours)	Per Year	20			
Average number of visits for supervision/monitoring provided by Qualified Vendor?	Per Year	25			
Average length of visits for supervision/monitoring provided by Qualified Vendor? (hours)	Per Visit	1.00			
Average travel required for supervision/monitoring provided by Qualified Vendor? (miles)	Per Visit	10.0			
Average amount of Habilitation services provided by Qualified Vendor per client? (hours)	Per Year	35.00			
Average amount of Attendant Care services provided by Qualified Vendor per client? (hours)	Per Year	35.00			
Average amount of Respite services provided by Qualified Vendor per client? (hours)	Per Year	720.00			
Approximate average costs for Rent, per bedroom?	Per Month	\$125.00			
Approximate average costs for Food, per client?	Per Month	\$200.00			

Other Factors for Consideration:

Ground Speed Assumption:

Is an average ground speed of 30 mph sufficient for client transportation needs? (Yes/No)

If not, what is a reasonable ground speed?

Comments:

**Schedule DH4
Developmental Home Services Provided
Current Rates Feedback**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Developmental Home Services (see page 1 for listing of services)**

Provided by Organization	Service & Description	Current Rate	Rate is Appropriate?	Most Appropriate Rate	Priority*
X	Example: Vendor Supported Developmental Home, Adult	\$ 109.75	Too Low	\$ 112.00	1
	Vendor Supported Developmental Home Services				
	Vendor Supported Developmental Home, Adult	\$ 109.75			
	Vendor Supported Developmental Home, Child	\$ 111.95			
	Vendor Supported Developmental Home, Room & Board	\$ 13.11			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.

Comments:

Schedule GH1
Direct Care Wages for Group Home Services

[illegible]

**Please Complete This Schedule ONLY If Your Organization Provides:
Group Home Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Wages

[illegible]

Schedule GH2

Utilization of Direct Care Staff

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Group Home Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Services Provided

[illegible]

Schedule GH3
Direct Care Staff Time & Base Assumptions

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Group Home Services (see page 1 for listing of services)**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.								
	Unit	Example: Habilitation Group Home	Habilitation, Community Protection and Treatment Group Home	Habilitation, Group Home	Habilitation, Nursing Supported Group Home	Room and Board, Group Home (Phoenix Metro)	Room and Board, Group Home (Tuscon)	Room and Board, Group Home (Flagstaff)	Room and Board, Group Home (Other Areas)
Typical number of clients in the home	Per Day	4.0							
Typical length of time a home is in service, in years?	Value	5.0							
Typical number of bedrooms in the home (for clients)	Value	4.0							
Approximate Square Footage per group home	Value	1,800							
Are there dedicated vehicle(s) for each Group Home?	Yes/No	Yes							
If there are dedicated vehicles, On average how many?	Value	1							
Typical passenger size of vehicle utilized for client transportation?	Value	6							
Average number of miles traveled on behalf of the client, per vehicle?	Per Month	100.0							
Are Notes & Medical Records included in Direct Service Time?	Yes/No	Yes							
Notes & Medical Records, per staff (hours)	Per Shift	0.00							
Down Time, per staff (hours)	Per Shift	0.25							
Annual Training time provided by employer, per staff, 1st year (hours)	Per Year	40.0							
Annual Training time provided by employer, per staff, after 1st year (hours)	Per Year	20.0							
Average amount of Supervision received, per home? (hours)	Per Week	1.50							
Typical number of clients receiving incontinence supplies, per home?	Per Day	2.0							
Average cost of incontinence supplies, per client receiving?	Per Day	\$2.50							
Typical number of clients receiving nutritional supplements, per home?	Per Day	2.0							
Average cost of nutritional supplements, per client receiving?	Per Day	\$3.50							
<i>For Room & Board Only:</i>									
Approximate average costs for Food, per client?	Per Month								
Approximate average costs for Rent, for a 1 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 1 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 1 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 1 Bedroom Group Home?	Per Month								
Approximate average costs for Rent, for a 2 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 2 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 2 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 2 Bedroom Group Home?	Per Month								

**Schedule GH3
Direct Care Staff Time & Base Assumptions**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service.								
	Unit	Example: Habilitation Group Home	Habilitation, Community Protection and Treatment Group Home	Habilitation, Group Home	Habilitation, Nursing Supported Group Home	Room and Board, Group Home (Phoenix Metro)	Room and Board, Group Home (Tuscon)	Room and Board, Group Home (Flagstaff)	Room and Board, Group Home (Other Areas)
Approximate average costs for Rent, for a 3 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 3 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 3 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 3 Bedroom Group Home?	Per Month								
Approximate average costs for Rent, for a 4 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 4 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 4 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 4 Bedroom Group Home?	Per Month								
Approximate average costs for Rent, for a 5 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 5 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 5 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 5 Bedroom Group Home?	Per Month								
Approximate average costs for Rent, for a 6 Bedroom Group Home?	Per Month								
Approximate average costs for Utilities, for a 6 Bedroom Group Home?	Per Month								
Approximate average costs for Telephone, for a 6 Bedroom Group Home?	Per Month								
Approximate average costs for Maintenance, for a 6 Bedroom Group Home?	Per Month								

Other Factors for Consideration:

Comments:

**Schedule GH4
Group Home Services Provided
Current Rates Feedback**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Group Home Services (see page 1 for listing of services)**

Provided by Organization	Service & Description	Current Rate	Rate is Appropriate?	Most Appropriate Rate	Priority*
X	Example: Habilitation, Group Home (Staff Hour)	\$ 18.79	Too Low	\$ 20.00	2
	Group Home Services				
	Habilitation, Community Protection and Treatment Group Home (Staff Hour)	\$ 20.90			
	Habilitation, Group Home (Staff Hour)	\$ 18.79			
	Habilitation, Nursing Supported Group Home:				
	Level I	\$ 340.00			
	Level II	\$ 408.31			
	Level III	\$ 466.23			
	Room and Board, Group Home	Varies			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.

Comments:

Direct Care Wages for Professional Services

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**Please Complete This Schedule ONLY If Your Organization Provides:
Professional Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Wages

[illegible]

Schedule PR2

Utilization of Direct Care Staff

Provider Name	
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**Please Complete This Schedule ONLY If Your Organization Provides:
Professional Services (see page 1 for listing of services)**

Direct Service Staff Job Categories - Services Provided

[illegible]

**Schedule PR3
Direct Care Staff Time & Base Assumptions**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Professional Services (see page 1 for listing of services)**

Productivity / Other Factors	Please indicate the amount of time or value for the given factor by service if the service is provided <u>exclusively</u> by the Direct Care Staff during the shift				
	Unit	Example: Nursing	Home Health Aide	Nursing	
Average Number of Visits	Per Shift	6.00			
Average Visit/Encounter Length	Hours	1.00			
Annual Training time provided by employer, per staff, 1st year (hours)	Per Year	40.00			
Annual Training time provided by employer, per staff, after 1st year (hours)	Per Year	35.00			
Are Notes & Medical Records included in Direct Service Time?	Yes/No	No			
Notes & Medical Records (hours)	Per Shift	0.50			
Down Time (hours)	Per Shift	0.00			
Total Travel to, between and from clients, Time (hours)	Per Day	0.75			
Total Travel to, between and from clients, Distance (miles)	Per Day	25.00			
Average number of missed appointments	Per Week	1.00			
Average amount of Supervision received (hours)	Per Week	4.00			

Other Factors for Consideration:

Ground Speed Assumption:

Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No)

If not, what is a reasonable ground speed?

Comments:

**Schedule PR4
Professional Services Provided
Current Rates Feedback**

Provider Name

**Please Complete This Schedule ONLY If Your Organization Provides:
Professional Services (see page 1 for listing of services)**

Provided by Organization	Service & Description	Current Rate	Is Rate Appropriate?	Most Appropriate Rate	Priority*
X	Example: Nursing	\$ 39.31	Too Low	\$ 42.00	2
	Professional Services				
	Home Health Aide	\$ 18.42			
	Nursing	\$ 39.31			

* Indicate for each service the priority (1-10) for which individual rates/services (in your opinion) should receive consideration for review. 1 would indicate highest priority, 10 would indicate lowest priority.

For Services listed below, the 'Most Appropriate Rate' above is a 10% (or greater) increase or decrease to the current rate. Please provide a brief explanation below of your reasons for the suggested rate change.

Comments:

Schedule 6
Direct Care Staff, All Services

Provider Name

Direct Service Staff Job Categories Included in Survey

For each Direct Service Staff Job listed, please submit the job description (as per §5.10.1.5 of RFQVA #704011) as an accompanying document to this survey. Job descriptions should include: Duties and responsibilities, educational requirements, work experience requirements, qualifications required to differentiate between minimum and maximum wages and salaries for each Direct Service Staff.

[illegible]

Schedule 6
Direct Care Staff, All Services

Direct Service Staff Job Categories Included in Survey

[illegible][illegible][illegible][illegible]

Division of Developmental Disabilities
SFY08 Rate Rebasing Project

Appendix E

Survey Instructions

December 6, 2007

**Department of Economic Security
Division of Developmental Disabilities
Provider Survey Instructions**

Open and Save the Survey

To be able to open and complete this survey, your computer must be able to allow macros to be enabled. The particular security setting for macros on your computer must be **Medium** or lower. If you are unsure of the setting for your computer, or if you need to change the security setting proceed with the following steps:

- ☐ Open Microsoft Excel[®],
- ☐ Select Tools (from the menu), then
- ☐ Select Options..., then
- ☐ Select the “Security” Tab in the pop up menu, then
- ☐ Select the button (lower right hand side) titled Macro Security..., then
- ☐ Select the “Security Level” Tab in the new pop up menu, then
- ☐ Select the radio button next to “Medium. You can choose whether or not to run potentially unsafe macros”, (Note the current security setting for your computer, if you want to reset to this level after completing the survey) then
- ☐ Press the “OK” button to exit the pop up menus, then
- ☐ Exit and restart Excel. You will then be able to open the survey using the steps below.

Once you have completed the survey, repeat the procedure above and select the prior security level setting for your computer.

To open and complete the survey:

1. Double click on the provided attachment to open the Provider Survey. When the file is opened, a Security Warning may pop up on the screen. If so, select “Enable Macros” to continue.
2. Select “File” then “Save As.” to save the document in your preferred directory. For submission of the survey, name the file with the convention as follows:
[ProviderName]2007DDDSurvey.xls.
3. The workbook contains several Sheets including “Schedule 1, Schedule 2” etc. Upon initiation, “Schedule 1” should be the primary sheet. If it is not, please click on “Schedule 1” tab at the bottom.
4. The survey due date is June 25, 2007. If you have any questions regarding the survey, or if you need more space to input information, please contact Burns & Associates via phone at 602-241-8521 or via e-mail at DDDProviderSurvey@burnshealthpolicy.com.

The remainder of this document provides assistance with the various sheets within the survey that require completion.

Schedule Help

All information reported by your organization should be for your organizations fiscal year ended within 2006. Data reported is for actual organizational statewide information for the timeframe.

To obtain help with the completion of a particular schedule, press the control button (Ctrl) and click on the title of the Schedule below:

Schedule 1	Schedule DT1	Schedule GH4
Schedule 1A	Schedule DT2	Schedule PR1
Schedule 2	Schedule DT3	Schedule PR2
Schedule 3	Schedule DT4	Schedule PR3
Schedule 3A	Schedule DH1	Schedule PR4
Schedule 4	Schedule DH2	Schedule TR1
Schedule 5	Schedule DH3	Schedule TR2
Schedule HB1	Schedule DH4	Schedule TR3
Schedule HB2	Schedule GH1	Schedule TR4
Schedule HB3	Schedule GH2	Schedule 6
Schedule HB4	Schedule GH3	Example

Throughout the survey, items that are shaded **gray** are automatically populated as you complete the survey.

Schedule 1 Provider Service Information

Please enter your organizational name in the box provided, once this field is populated, the information will be populated throughout the workbook. Next there are six (6) check boxes for the services covered within this survey. When a check box has been selected, an additional set of tabs will appear at the bottom with service specific questions. Lastly, there is space to indicate whether your organization is classified as a 501(c)(3) entity. If so, please provide the entity name under which the IRS Form 990 is filed.

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Schedule 1A Provider Assurance of Information and General Provider Information

Please provide your organizational specific information in the space provided. Please note that the information provided within this survey will be used only for the purposes designated by the Division of Developmental Disabilities (or their designee) required for the compilation of information to support and re-evaluate the rates, rate models, and methodology. For the field “Organization Year End” please select from the drop down menu the month in which your organization’s fiscal year ends.

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Schedule 2 Direct Service Staff Benefits

For Schedule 2, please enter the responses for the benefits that apply to Direct Service Staff. Do not enter information for Administrative Staff if they receive benefits that differ from Direct Service Staff.

For purposes of this survey, Direct Service Staff are defined to be:

Staff members of the organization that provide services to clients and generate billings based upon the service provided.

Paid Time Off (PTO) refers to the combination of traditional vacation time, sick time, holidays, personal days and/or floating holidays received by employees on an annual basis.

Question 1.1: Eligibility, this is a Yes/No answer provided in a drop down menu.

Question 1.2: Eligibility, part-time employees this is a Yes/No answer provided in a drop down menu.

Question 1.3: Definition of full-time, enter the minimum number of hours an employee must work and to be considered full-time (responses are provided in a drop down menu).

Question 1.4: Waiting period, choose the appropriate employment condition if one exists. Each choice demonstrates a minimum number of days required to be employed prior to receiving paid time off.

Question 1.5-1.7: Amount of PTO, enter the minimum, maximum and average amount of days per year received by Direct Service Staff. Please note that one day equals eight (8) hours of time.

Extended Illness Benefit (EIB) refers to the benefit utilized by employees for sick time in excess of three (3) days. Many employers allow employees to have paid extended leave for longer-term periods of sickness or injury. Note that paid extended leave time should be separate from paid time off as recorded above. This benefit cannot be utilized prior to the three day period except for pre-scheduled sick time (e.g. maternity, surgery, etc.).

Question 2.1: Definition, indicate whether your organization provides a benefit differing to the one described here.

Question 2.2: If your organization provides a differing benefit, please briefly describe the differences in the space provided.

Question 2.3: Eligibility, this is a Yes/No answer provided in a drop down menu.

Question 2.4: Eligibility, part-time employees this is a Yes/No answer provided in a drop down menu.

Question 2.5: Waiting period, choose the appropriate employment condition if one exists. Each choice demonstrates a minimum number of days required to be employed prior to receiving the extended illness benefit.

Question 2.6-2.8: Amount of EIB, enter the minimum, maximum and average amount of days per year received by Direct Service Staff. Please note that one day equals eight (8) hours of time.

Health Insurance refers to the benefit provided for employee health coverage.

Question 3.1: Indicate whether your organization provides health insurance coverage in which employees may enroll.

Question 3.2: Eligibility, part-time employees this is a Yes/No answer provided in a drop down menu.

Question 3.3: Waiting period, choose the appropriate employment condition if one exists. Each choice demonstrates a minimum number of days required to be employed prior to receiving the extended illness benefit.

Privately Funded Retirement refers to a retirement benefit (other than social security, 401k or 403b) provided for by the employer that utilizes pre-tax wages to contribute to taxable or tax deferred earnings eligible for payment to the employees upon retirement.

401k or 403b refers to the retirement savings plan(s) that are funded by employee contributions and potentially matching contributions from the employer. These plans offer contributions that are taken from pre-tax wages, and the funds grow tax-free until withdrawn when the employee is eligible.

Health Insurance and Other Benefits Provided:

The lower portion of Schedule 2 relates to the Health Insurance premiums (and Other Benefits premiums) paid for Direct Service Staff only. Note that your organization may be able to obtain this information from the latest statement from your insurance carrier.

For each type of benefit provided by your organization:

- Health Insurance – General medical coverage (if applicable) provided for employees,
- Dental – General dental coverage provided (if applicable) for employees,
- Vision – General vision coverage provided (if applicable) for employees,
- LT Disability – Long term disability coverage provided (if applicable) for employees,
- ST Disability – Short term disability coverage provided (if applicable) for employees,
- Employee Assistance Program – Organizational specific program that provides assistance to enrolled employees (if applicable), and
- Other – All other benefits provided to employees not specifically identified above.

please provide:

Average Number of Employees Enrolled: Enter the average number of employees enrolled for the benefit by the benefits categories offered by the organization.

Total Monthly Premium: Enter the total premium paid by both the organization and by the employee in total *per employee (again this should be an average number for the type of coverage)*.

Employer Paid Portion: Enter the amount or the percentage paid by the employer for each benefit category. This number should be an average, *per employee for the type of coverage*.

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Schedule 3 Administrative and Indirect Expenses

Schedule 3 collects administrative cost data and indirect cost data. Please utilize your income statements from your most recently completed fiscal year to complete this information. Schedule 3 is split into two separate methods, please select one of the methods. Select Method 1 if you do not break your administrative and indirect costs into lines of business. Select Method 2 if you do break your administrative and indirect costs by lines of business.

For both methods, the administrative and indirect expenses are generally defined as follows:

Administrative Costs: Include costs associated with the organization to support the provision of services regardless of the volume of clients served and/or services provided.
Indirect Costs: Include costs associated with the organization to support the direct care for clients and generally vary based upon the volume of clients served and/or services provided. These costs are for materials and staff that are not routinely directly serving and/or dealing with clients.

To complete the line items for administrative expenses utilize the following definitions:

Compensation of Officers: Include all wages, incentives, stipends, bonuses etc for officers of the organization.

Wages for Non-Officer Admin Staff: Include wages, differentials, incentives, stipends, bonuses etc for all other administrative staff that are not officers of the organization.

Employee Related Expenses (ERE): Include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance. It also includes FICA taxes (social security and Medicare) and employer contributions to retirement plans. If ERE is reported in the total amount of salaries, indicate the percentage of ERE included on the line provided.

Rents/Mortgage Payments for Admin Office(s): Include the actual rent or mortgage for buildings in which administrative office(s) are located. If no rent or mortgage amount is incurred (e.g. building is wholly owned), use the amount that would be the imputed rent/mortgage amount for the building.

Utilities for Admin Office(s): Include expenses for utilities for buildings in which administrative office(s) are located.

Repairs and Maintenance (for Administrative Offices): Include actual expenses incurred for repairs and maintenance for administrative offices.

Professional Liability Insurance: Include expenses for insurance coverage for corporate operations including (but not limited to) employment issues and coverage for Directors and Officers.

Property and Casualty Insurance: Include expenses for insurance coverage for buildings utilized for administrative staff.

Vehicle Insurance (Admin Vehicles only): Include expenses for insurance coverage for vehicles utilized for administrative purposes.

Legal and Accounting: Include expenses for legal and accounting functions for your organization.

Telephone/Communications: Include expenses for telephone and communications for your organization.

Taxes and Licenses: Include expenses for taxes and licenses for your organization.

Advertising: Include expenses for advertising for your organization.

Bad Debts: Included expenses for bad debt allowances incurred by your organization.

Interest Expense (Excluding Mortgage): Include expenses for interest paid, excluding mortgage interest, by your organization.

Charitable Contributions: Include expenses for charitable contributions experienced by your organization.

Net Depreciation (excluding buildings and non-administrative vehicles): Include expenses incurred for depreciation for administrative capital items, excluding buildings.

To complete the line items for indirect expenses utilize the following definitions:

Salaries and Wages, Program Supervision: Include wages, differentials, incentives, stipends, bonuses etc for all staff that perform supervisory duties for direct care staff.

Salaries and Wages, Program Support: Include wages, differentials, incentives, stipends, bonuses etc for all staff that perform all other duties and are not routinely directly serving/dealing with clients.

Salaries and Wages, Employee Related Expenses: Include paid time off, extended illness benefit, health, dental, vision, disability, workers compensation insurance, and other insurance. It also includes FICA taxes (social security and Medicare) and employer contributions to retirement plans. If ERE is reported in the total amount of salaries, indicate the percentage of ERE included on the line provided.

Rents/Mortgage Payments for Indirect Office: Include the actual rent or mortgage for buildings in which indirect office(s) are located. If no rent or mortgage amount is incurred (e.g. building is wholly owned), use the amount that would be the imputed rent/mortgage amount for the building.

Utilities for Indirect Office(s): Include expenses for utilities for buildings in which indirect office(s) are located.

Repairs and Maintenance for Indirect Office(s): Include actual expenses incurred for repairs and maintenance for administrative offices.

General Liability Insurance: Include expenses for insurance coverage for claims related to service delivery issues.

Property and Casualty Insurance: Include expenses for insurance coverage for buildings utilized for indirect staff.

Vehicle Insurance (Indirect Vehicles only): Include expenses for insurance coverage for vehicles utilized for indirect purposes.

Medical Records Expenses: Includes non-payroll expenses related to the costs incurred for storing and maintaining medical records for clients.

Billing Expenses: Includes non-payroll expenses related to the costs incurred for billing and collecting for billings for services delivered to clients.

Program Consultation: Includes non-payroll expenses related to the costs incurred for review and oversight of program operations and implementation.

Training Expenses: Includes non-payroll expenses related to the costs incurred for training new hires for the organization.

Depreciation (excluding buildings and non-indirect vehicles): Include expenses incurred for depreciation for indirect capital items, excluding buildings.

For any expense not specifically listed that accounts for 10% (or more) of administrative or indirect expenses, please indicate the category and expense in the space provided.

Examples of additional categories include, but are not limited to, Information Systems (Technology), Office Supplies, Equipment Rental, Dues and Subscriptions, Printing and Duplicating, Vehicle Maintenance, Travel Expenses, etc.

Method 1: If you choose to use Method #1 at the top of the page, report all administrative and indirect costs across all lines of business. These costs will then be allocated across your lines of business using a formula based upon the data you provide at the bottom of the page. The first box of information in Method #1 should list total dollar amounts paid for each of the costs listed.

The second box of information then allows you to report total revenue received by line of business. Note that revenue is equal to 'revenue earned', that is revenue (and expenses) related to donations and fundraising should be excluded from this schedule. The total amount of Administrative and Indirect expenses reported is also displayed on the schedule for your reference.

OR

Method 2: If you do allocate by line of business, or the Division of Developmental Disabilities is the only source of revenue for your organization, choose Method 2. Please demonstrate the total dollar amounts of each expense by line of business. Please complete both the administrative costs section, the indirect costs section. The last box of information then allows you to report total revenue received by line of business. Note that revenue is equal to 'revenue earned', that is revenue (and expenses) related to donations and fundraising should be excluded from this schedule. The total amount of Administrative and Indirect expenses reported is also displayed on the schedule for your reference.

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Schedule 3A Direct Staff Recruitment & Hiring Expenses

Schedule 3A collects information directly related to expenses incurred by an organization related to the recruitment and hiring of employees. The amounts reported on this schedule should be a subset of the expenses reported on Schedule 3, the survey asks these questions to attempt to determine the impact of turnover on Administrative and Indirect expenses incurred by providers. To complete this schedule utilize the following expense within each cell:

Advertising: Include advertising expenses related to recruitment and hiring activities for the organization.

Human Resources: Include human resources expenses staff that perform recruiting and hiring activities for the organization.

Background/Driving Check: Include expenses related to initial background checks and driving records checks related to hiring activities for the organization.

Initial Status Check, General Physical: Include expenses related to initial general physical health checks related to hiring activities for the organization.

Initial Status Check, Drug Screening: Include expenses related to initial drug screenings related to hiring activities for the organization.

Initial Status Check, TB Screening: Include expenses related to initial tuberculosis screenings related to hiring activities for the organization.

Initial Status Check, Hepatitis B Screening: Include expenses related to initial hepatitis B screenings related to hiring activities for the organization.

Initial Status Check, Other Screening: Include expenses related to any other health screening tests related to hiring activities for the organization.

Initial Staff Training Expenses, Training Staff Wages & Salaries: Include expenses related to training staff wages and salaries for individuals that perform initial training for new hires for the organization.

Initial Staff Training Expenses, Training Staff Employee Related Expenses: Include expenses related to employee related expenses for wages and salaries reported above.

Initial Staff Training Expenses, Training Materials: Include expenses related to non-payroll related training materials utilized for training for new hires for the organization.

Total Hiring Expenses: This field is automatically calculated to total the above expenses, however, if your organization does not track expenses at the level above, the formula contained in this field can be overwritten with the total amount of expenses related to recruitment and hiring activities for the organization.

Additional space has been provided if you have general comments regarding the information provided.

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Schedule 4 Administrative & Indirect Job Categories

In the first section, provide a listing of the organizational specific job categories for employee salaries and wages reported through the Administrative costs section.

Job Title: List the organizational specific job category.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

$\text{Annual Hours Paid} \div 2,080$

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

Percent of Time for Admin Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform administrative duties.

Percent of Time for Indirect Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform indirect duties.

Percent of Time for Direct Care Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform direct care services.

In the second section, provide a listing of the organizational specific job categories for employee salaries and wages reported through the Indirect costs section.

Job Title: List the organizational specific job category.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be

calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

Annual Hours Paid ÷ 2,080

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

Percent of Time for Admin Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform administrative duties.

Percent of Time for Indirect Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform indirect duties.

Percent of Time for Direct Care Duties: For each job category, indicate the percentage (to the nearest 10%) of time the specific job category is utilized to perform direct care services.

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Schedule 5 Direct Service Staff Wage & Salary Anticipated Adjustments

This schedule allows your organization to provide an indication of the anticipated plans for the organizational adjustments to Direct Service Staff wages and salaries for fiscal year ending in 2007.

Question 1.1: Does your Organization have step increases awarded to all Direct Service Staff during the fiscal year ending in 2007? (Yes/No) Through the drop down menu, indicate whether your organization anticipates providing a wage and salary adjustment through a step increase methodology. For example, after two years an employee receives a pre-determined increase to the hourly rate received.

Question 1.2: If your organization has step increases, average percentage step is: If you organization answered 'Yes' to Question 1.1, please indicate the average percentage 'step' increase awarded to employees.

Question 2.1: Does your Organization plan on giving a general compensation increase by raising the entire wage and salary structure during your fiscal year ending in 2007? (Yes/No) Through the drop down menu, indicate whether your organization plans to adjust the general compensation structure for Direct Service Staff by raising the entire compensation structure.

Question 2.2: If your organization is planning a general compensation increase, percentage increase will be: If you organization answered 'Yes' to Question 2.1, please indicate the overall percentage increase awarded to the general compensation structure.

Questions 3.1: Does your Organization plan to give selected merit increases/performance awards to Direct Service Staff during your fiscal year ending in 2007? (Yes/No) Through the drop down menu, indicate whether your organization anticipates providing a merit increase to Direct Service Staff through a measurable review of employee performance.

Question 3.2: If your organization does plan to give merit increases/performance awards: If you organization answered 'Yes' to Question 3.1,

Question 3.2(A): Average increase/award is: (percentage) Please indicate the average percentage increase available to employees through the merit increase process.

Question 3.2(B): Percentage of workforce receiving merit increase/performance award is: Please indicate the percentage of Direct Service Staff eligible to receive the merit increase review.

Question 4.1: Does your Organization anticipate a change to the cost of Health Insurance provided to employees during the year ending in 2007? (Yes/No) Through the drop down menu, indicate whether your organization anticipates a change to the costs incurred for Health Insurance.

Question 4.2: What was the percentage increase experienced for the fiscal year ended in 2006?: Indicate the percentage increase (or decrease) actually experienced for the organization for the costs of providing Health Insurance coverage to employees. The percentage reported here should reflect only the costs incurred by the organization; the change in costs should reflect only the portion paid by the organization and exclude premiums paid by employees.

Question 4.3: What is the anticipated/expected percentage increase for fiscal year ending in 2007?: Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing Health Insurance coverage to employees. The percentage reported here should reflect only the costs incurred by the organization; the change in costs should reflect only the portion paid by the organization and exclude premiums paid by employees.

Question 5.1: Does your Organization anticipate a change to the cost of Other Benefits provided to employees? (Yes/No) Through the drop down menu, indicate whether your organization anticipates a change to the costs incurred for all other benefits.

Question 5.2: What was the percentage increase experienced for the fiscal year ended in 2006?: Indicate the percentage increase (or decrease) actually experienced for the organization for the costs of providing all other benefits coverage to employees. The percentage reported here should reflect only the costs incurred by the organization, the change in costs should reflect only the portion paid by the organization and exclude premiums paid by employees.

Question 5.3: What is the anticipated/expected percentage increase for fiscal year ending in 2007?: Indicate the percentage increase (or decrease) anticipated for the organization for the costs of providing all other benefits coverage to employees. The percentage reported here should reflect only the costs incurred by the organization, the change in costs should reflect only the portion paid by the organization and exclude premiums paid by employees.

Question 6.1: Anticipated impact to Other Expenses for the fiscal year ending in 2007: If your organization anticipates a significant change to any other area of expense, please briefly note the area, the anticipated change and basis for the change.

Question 7.1: What will the anticipated impact of Arizona Proposition 202 (Minimum wage) have on your existing wage and salary schedule? Briefly describe the anticipated impact that Arizona Proposition 202 will have on your current organizational wage and salary schedule for Direct Service Staff.

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Schedule HB1 Direct Care Wages for Home Based & Independent Living Services

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Home Based & Independent Living Services on Schedule 1.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where 'Number of Individuals Paid' is the count of individuals working within the job classification during the year and 'Number of Employees at Year End' is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

$$\text{Annual Hours Paid} \div 2,080$$

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule HB2 Utilization of Direct Care Staff

Schedule HB2 utilizes the job categories entered on Schedule HB1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Home Based & Independent Living. Space is provided if the job category delivers other services not displayed on this schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule HB3 Direct Care Staff Time & Base Assumptions

For each service contained in Home Based and Independent Living services indicate the time or value, assuming the individual staff exclusively performs each of the listed services, for the following:

Average Number of Visits: Indicate the average number of visits that can be accomplished in a single eight (8) hour shift.

Average Visit/Encounter Length: Indicate the average visit length for each individual client served during a single eight (8) hour shift.

Annual Training time provided by employer, per staff, 1st year (hours): Indicate the average amount of annual training staff receives during the first year of employment.

Annual Training time provided by employer, per staff, after 1st year (hours): Indicate the average amount of annual training staff receives after the first year of employment.

Are Notes & Medical Records included in Direct Service Time?: Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the client and billed to the Division.

Notes & Medical Records (hours): Using the drop down menu, indicate the amount of time for notes and medical records that is spent per shift for notes and medical records for each of the listed services.

Down Time (hours): Using the drop down menu, indicate the amount of time required for down time. Down time is a non-billable activity required for the employee such as staff meetings and other commitments to the employing organization.

Total Travel to, between and from clients, Time (hours): Using the drop down menu, indicate the amount of total time required for staff to travel to, between and from clients during a single eight (8) hour shift. Note that the travel time reflected here should not include time spent by an individual to arrive at work, but should reflect time for which the employee is being paid their usual wage by the employer.

Total Travel to, between and from clients, Distance (miles): Indicate the average total distance travel between clients required for staff to travel between clients during a single eight (8) hour shift. Note that the travel distance reflected here should not include distance traveled by an individual to arrive at work, but should reflect distance traveled for which the employee is being paid their usual wage by the employer.

Average number of missed appointments: Indicate the average number of appointments that an individual staff misses, due to an action of the client, per week.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

Ground speed assumption:

For travel between clients, indicate in the space provided your organizational experience.

Is an average ground speed of 30 mph sufficient for staff travel between appointments?

(Yes/No): Using the drop down menu, indicate whether 30 mph is sufficient for an average ground speed for travel between clients.

If not, what is a reasonable ground speed?: If 30 mph is not sufficient, please indicate the ground speed that you feel is more appropriate.

Additional space has been provided if you have general comments regarding the services.

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Schedule HB4 Current Rates Feedback

Schedule HB4 lists the current rate information for each Home Based and Independent Living Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an "X" in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Home Based and Independent Living Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule DT1 Direct Care Wages for Day Treatment & Training Services

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Day Treatment & Training Services.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where 'Number of Individuals Paid' is the count of individuals working within the job classification during the year and 'Number of Employees at Year End' is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

$$\text{Annual Hours Paid} \div 2,080$$

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of

FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule DT2 Utilization of Direct Care Staff

Schedule DT2 utilizes the job categories entered on Schedule DT1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Day Treatment & Training services. Space is provided if the job category delivers other services not displayed on this schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule DT3 Direct Care Staff Time & Base Assumptions

This schedule allows providers to report separate day programs by “Facility Based” and “Community Based”. For purposes of this survey, these terms are defined as:

Facility Based: Day programs that occur within a facility on a regular basis.

Community Based: Day programs that do not occur within a facility on a regular basis.

For each service type that your organization provides in Day Treatment & Training services indicate the time or value for the following in the space provided.

Number of Days program operates: Indicate the number of days per year the day program operates.

Typical annual attendance for a client: Indicate the average annual days that an individual client attends the program.

Length of Typical Program, Minimum (hours): Indicate the minimum number of hours in a shift that the program would be open.

Length of Typical Program, Maximum (hours): Indicate the maximum number of hours in a shift that the program would be open.

Length of Typical Program, Average (hours): Indicate the average number of hours in a shift that the program would be open.

Average Scheduled Group Size: Indicate the average number of clients scheduled to be present for a single day program.

Average Participating Group Size: Indicate the average number of clients that participate in a single day program.

Average Number of Staff Present: Indicate the average number of staff members present for a single day program.

Are Notes & Medical Records included in Direct Service Time?: Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the client and billed to the Division.

Notes & Medical Records (hours): Using the drop down menu, indicate the amount of time for notes and medical records that is spent per shift (for all employees servicing a group) for notes and medical records for each of the listed services.

Down Time (hours): Using the drop down menu, indicate the amount of time required for down time. Down time is a non-billable activity required for the employee such as staff meetings and other commitments to the employing organization.

Facility Preparation Time, Set up/Take Down, per staff member (hours): Using the drop down menu, indicate the amount of time required, per staff member, to prepare the facility for the day program. Note that this activity would include both activities required at the beginning and end of the day.

Annual Training time provided by employer, per staff, 1st year (hours): Indicate the average amount of annual training staff receives during the first year of employment.

Annual Training time provided by employer, per staff, after 1st year (hours): Indicate the average amount of annual training staff receives after the first year of employment.

Approximate average costs for snacks/meals per client, per day: Indicate the average amount of costs per client, per day for snacks and meals. Note that this factor does not apply to adults and can only be indicated for children.

Approximate average costs for supplies per client, per day: Indicate the average amount of costs per client, per day for supplies utilized within the program.

Approximate Square Footage / client: Indicate the approximate square footage of space, per client, dedicated to the operation of the day program.

Approximate operating cost per ft² (including rent): Indicate the approximate operating cost per square foot of space dedicated to the operation of the day program.

Average insurance cost per vehicle?: Indicate the approximate average cost, per vehicle, per year to provide for the required vehicle insurance.

Average miles per gallon, per vehicle?: Indicate the overall approximate average miles per gallon experienced, per vehicle.

For clients w/o transportation provided, approximate percent of late & early?: For clients that do not receive transportation provided by your organization, indicate the approximate percentage of individuals that arrive at the program late, or leave the program early. Note that this is defined to be a minimum of 30 minutes late or early.

For client transportation to/from program:

Approximate percentage of clients receiving transportation both to & from program?:

Indicate the approximate percentage of clients attending a day program that your organization provides the transportation to and from the day program.

Are there staff solely dedicated to Transportation? (Yes/No): Using the drop down menu, indicate whether your organization provides dedicated staff to provide for the transportation needs of clients to and from the program.

If so how many?: If your organization provides dedicated staff for transportation of clients to and from the program, indicate how many full time equivalents (FTEs).

Typical passenger size of vehicle utilized for client transportation?: Indicate the average number of passengers can be transported in the vehicle this is utilized for client transportation to and from the program.

Typical number of staff utilized for transportation in each vehicle?: Indicate the average number of staff used, per vehicle, for client transportation to and from the program.

Average time per staff member engaged in transport of clients both to & from program (hours): For the staff performing the transportation to and from the program, indicate the average time, per eight hour shift, required to perform the duty.

Average distance to transport clients both to & from program (miles): Indicate the average distance traveled to transport all clients to and from the day program.

For client transportation within the program (outings):

On average how many outings occur per week, per group?: Indicate the average number of outings that a single facility based day program has per week.

What is the average distance traveled for outings? (miles): Indicate the average number of miles traveled per outing.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

Ground speed assumption:

For travel, either transportation to and from the program or for outings, indicate in the space provided your organizational experience.

Is an average ground speed of 30 mph sufficient for travel to and from the program or for outings? (Yes/No): Using the drop down menu, indicate whether 30 mph is sufficient for an average ground speed for travel needs.

If not, what is a reasonable ground speed?: If 30 mph is not sufficient, please indicate the ground speed that you feel is more appropriate.

Additional space has been provided if you have general comments regarding the services.

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Schedule DT4 Current Rates Feedback

Schedule DT4 lists the current rate information for each Day Treatment & Training Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an "X" in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Day Treatment and Training Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule DH1 Direct Care Wages for Developmental Home Services

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Developmental Home Services.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where 'Number of Individuals Paid' is the count of individuals working within the job classification during the year and 'Number of Employees at Year End' is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

$$\text{Annual Hours Paid} \div 2,080$$

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This

wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule DH2 Utilization of Direct Care Staff

Schedule DH2 utilizes the job categories entered on Schedule DH1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Developmental Home services. Space is provided if the job category delivers other services not displayed on this schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule DH3 Direct Care Staff Time & Base Assumptions

For each service contained in Developmental Home services indicate the time or value for the following in the space provided.

Typical number of years a family home provides Developmental Home services: Indicate the average number of years a family/home provides services.

Typical number of clients in the home: Indicate the typical number of clients residing at a single home.

Average client caseload per staff that supervise/monitor Developmental Homes: Indicate the average annual caseload that each staff member has that performs supervision and/or monitoring services for developmental homes.

Does each client typically have their own bedroom?: Using the drop down menu, indicate whether each client has their own bedroom in the home (typically).

Typical number of clients per bedroom?: Indicate the typical number of clients per bedroom.

Approximate Square Footage per bedroom: Indicate the average square footage per bedroom in the family homes.

Average number of miles traveled on behalf of client by developmental home/family: Indicate the average number of miles traveled, per month, on behalf of the client. Note that this travel amount is incurred by the family.

Annual Training time provided by Qualified Vendor after certification, per home, 1st year (hours): Indicate the average amount of annual training the home receives during the first year of the contract, after initial certification.

Annual Training time provided by Qualified Vendor after certification, per home, after 1st year (hours): Indicate the average amount of annual training the home receives after the first year of the contract, after initial certification.

Average number of visits for supervision/monitoring provided by Qualified Vendor?: Indicate the average number of visits to the home performed by staff of your organization for purposes of supervision and monitoring of the family and client.

Average length of visits for supervision/monitoring provided by Qualified Vendor? (hours): Indicate the average length of the visit performed by staff of your organization for purposes of supervision and monitoring of the family and client.

Average travel required for supervision/monitoring provided by Qualified Vendor? (miles): Indicate the average distance traveled by staff of your organization to perform the activities related to supervision and monitoring of the family and client.

Average amount of Habilitation services provided by Qualified Vendor per client? (hours): Indicate the average annual amount of Habilitation services provided, per client, by your organization.

Average amount of Attendant Care services provided by Qualified Vendor per client? (hours): Indicate the average annual amount of Attendant Care services provided, per client, by your organization.

Average amount of Respite services provided by Qualified Vendor per client? (hours): Indicate the average annual amount of Respite services provided, per client, by your organization.

Approximate average costs for Rent, per bedroom?: Indicate the average cost, per month, for rent of the bedroom.

Approximate average costs for Food, per client?: Indicate the approximate average cost, per month, for food for each client residing in the home.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

Ground speed assumption:

For client transportation needs, indicate in the space provided your organizational experience.

Is an average ground speed of 30 mph sufficient for client transportation needs?

(Yes/No): Using the drop down menu, indicate whether 30 mph is sufficient for an average ground speed for client transportation needs.

If not, what is a reasonable ground speed?: If 30 mph is not sufficient, please indicate the ground speed that you feel is more appropriate.

Additional space has been provided if you have general comments regarding the services.

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Schedule DH4 Current Rates Feedback

Schedule DH4 lists the current rate information for each Developmental Home Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an “X” in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Developmental Home Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule GH1 Direct Care Wages for Home Based & Independent Living Services

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Group Home Services.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where ‘Number of Individuals Paid’ is the count of individuals working within the job classification during the year and ‘Number of Employees at Year End’ is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

Annual Hours Paid ÷ 2,080

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

Annual Overtime Hours Paid ÷ 2,080

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule GH2 Utilization of Direct Care Staff

Schedule GH2 utilizes the job categories entered on Schedule GH1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Group Home services. Space is provided if the job category delivers other services not displayed on this

schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule GH3 Direct Care Staff Time & Base Assumptions

For each service contained in Group Home services indicate the time or value for the following in the space provided.

Typical number of clients in the home: Indicate the average number of clients residing in an individual home.

Typical length of time a home is in service, in year?: Indicate the average length of time a home is utilized for providing group home services to clients.

Typical number of bedrooms in the home (for clients): Indicate the average number of bedrooms in the home utilized for clients.

Approximate Square Footage per group home: Indicate the average square footage per group home.

Are there dedicated vehicle(s) for each Group Home?: Using the drop down menu, indicate whether your organization provides a vehicle for the exclusive use by the group home staff to provide for the transportation needs of the residents.

If there are dedicated vehicles, On average how many?: If your organization does provide vehicle(s) for the exclusive use of the group home, indicate on average how many vehicle(s) are provided per group home.

Typical passenger size of vehicle utilized for client transportation?: Indicate the average size of vehicle utilized for client transportation.

Average number of miles traveled on behalf of the client, per vehicle?: Indicate the average monthly mileage incurred for travel either with clients or on behalf of clients residing in the group home, per vehicle.

Are Notes & Medical Records included in Direct Service Time?: Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the client and billed to the Division.

Notes & Medical Records (hours): Using the drop down menu, indicate the amount of time for notes and medical records that is spent per shift (for all staff serving the group home) for notes and medical records for each of the listed services.

Down Time (hours): Using the drop down menu, indicate the amount of time required for down time. Down time is a non-billable activity required for the employee such as staff meetings and other commitments to the employing organization.

Annual Training time provided by employer, per staff, 1st year (hours): Indicate the average amount of annual training staff receives during the first year of employment.

Annual Training time provided by employer, per staff, after 1st year (hours): Indicate the average amount of annual training staff receives after the first year of employment.

Average amount of Supervision received, per home? (hours): Indicate the average amount of supervision, per home, received per week. Note that this is non-billable time spent by personnel to provide ‘eyes on’ supervision of staff member performance of duties.

Typical number of clients receiving incontinence supplies, per home?: Indicate the typical number of clients, per home, that receive incontinence supplies.

Average cost of incontinence supplies, per client receiving?: For those clients receiving incontinence supplies, indicate the average cost per day for these supplies.

Typical number of clients receiving nutritional supplements, per home?: Indicate the typical number of clients, per home, that receive nutritional supplements.

Average cost of nutritional supplements, per client receiving?: For those clients receiving nutritional supplements, indicate the average cost per day for these supplies.

For questions related to Room & Board, please only complete the sections that apply to the geographic area in which your organization operated a group home and the size of group home operated during the fiscal year ended in 2006.

For Room & Board Only:

Approximate average costs for Food, per client? : Indicate the approximate average cost, per month, for food per client residing in the homes.

Approximate average costs for Rent, for a 1 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a single bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 1 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a single bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 1 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a single bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 1 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a single bedroom homes utilized for group home services.

Approximate average costs for Rent, for a 2 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a 2 bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 2 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a 2 bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 2 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a 2 bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 2 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a 2 bedroom homes utilized for group home services.

Approximate average costs for Rent, for a 3 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a 3 bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 3 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a 3 bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 3 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a 3 bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 3 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a 3 bedroom homes utilized for group home services.

Approximate average costs for Rent, for a 4 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a 4 bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 4 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a 4 bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 4 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a 4 bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 4 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a 4 bedroom homes utilized for group home services.

Approximate average costs for Rent, for a 5 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a 5 bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 5 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a 5 bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 5 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a 5 bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 5 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a 5 bedroom homes utilized for group home services.

Approximate average costs for Rent, for a 6 Bedroom Group Home?: Indicate the approximate average cost, per month, for rent and or acquisition of a 6 bedroom homes utilized for group home services.

Approximate average costs for Utilities, for a 6 Bedroom Group Home?: Indicate the approximate average cost, per month, for utilities in a 6 bedroom homes utilized for group home services.

Approximate average costs for Telephone, for a 6 Bedroom Group Home?: Indicate the approximate average cost, per month, for telephone in a 6 bedroom homes utilized for group home services.

Approximate average costs for Maintenance, for a 6 Bedroom Group Home?: Indicate the approximate average cost, per month, for maintenance in a 6 bedroom homes utilized for group home services.

Additional space has been provided if you have general comments regarding the services.

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Schedule GH4 Current Rates Feedback

Schedule GH4 lists the current rate information for each Group Home Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an “X” in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Group Home Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule PR1 Direct Care Wages for Professional Services

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Professional Services.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where ‘Number of Individuals Paid’ is the count of individuals working within the job classification during the year and ‘Number of Employees at Year End’ is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

$$\text{Annual Hours Paid} \div 2,080$$

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

$$\text{Annual Overtime Hours Paid} \div 2,080$$

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule PR2 Utilization of Direct Care Staff

Schedule PR2 utilizes the job categories entered on Schedule PR1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Professional services. Space is provided if the job category delivers other services not displayed on this schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule PR3 Direct Care Staff Time & Base Assumptions

For each service contained in Professional services indicate the time or value, assuming the individual staff exclusively performs the service, for the following in the space provided.

Average Number of Visits: Indicate the average number of visits to clients that can be accomplished in a single eight (8) hour shift.

Average Visit/Encounter Length: Indicate the average visit length for each individual client served during a single eight (8) hour shift.

Annual Training time provided by employer, per staff, 1st year (hours): Indicate the average amount of annual training staff receives during the first year of employment.

Annual Training time provided by employer, per staff, after 1st year (hours): Indicate the average amount of annual training staff receives after the first year of employment.

Are Notes & Medical Records included in Direct Service Time?: Using the drop down menu, indicate whether notes and medical records are compiled during the direct care time provided to the client and billed to the Division.

Notes & Medical Records (hours): Using the drop down menu, indicate the amount of time for notes and medical records that is spent per shift for notes and medical records for each of the listed services.

Down Time (hours): Using the drop down menu, indicate the amount of time required for down time. Down time is a non-billable activity required for the employee such as staff meetings and other commitments to the employing organization.

Total Travel to, between and from clients, Time (hours): Using the drop down menu, indicate the amount of total time required for staff to travel to, between and from clients during a single eight (8) hour shift. Note that the travel time reflected here should not include time spent by an individual to arrive at work, but should reflect time for which the employee is being paid their usual wage by the employer.

Total Travel to, between and from clients, Distance (miles): Indicate the average total distance travel between clients required for staff to travel between clients during a single eight (8) hour shift. Note that the travel distance reflected here should not include distance traveled by an individual to arrive at work, but should reflect distance traveled for which the employee is being paid their usual wage by the employer.

Average number of missed appointments: Indicate the average number of appointments that staff misses, due to an action of the client, per week.

Average amount of Supervision received (hours): Indicate the average number of hours, per week, that staff receives direct supervisory support. Note that this is non-billable time spent by personnel to provide 'eyes on' supervision of staff member performance of duties.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

Ground speed assumption:

For travel between clients, indicate in the space provided your organizational experience.

Is an average ground speed of 30 mph sufficient for staff travel between appointments? (Yes/No): Using the drop down menu, indicate whether 30 mph is sufficient for an average ground speed for travel between clients.

If not, what is a reasonable ground speed?: If 30 mph is not sufficient, please indicate the ground speed that you feel is more appropriate.

Additional space has been provided if you have general comments regarding the services.

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Schedule PR4 Current Rates Feedback

Schedule PR4 lists the current rate information for each Professional Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an “X” in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Professional Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule TR1 Direct Care Wages for Home Based & Independent Living Services

If your organization provides Day Treatment & Training Services, you will not be required to respond to the schedules of the survey associated with Transportation Services.

This schedule allows your organization to provide a listing of the organizational specific job categories for employees utilized to provide these direct care services. Note, this schedule will appear ONLY if your organization indicated that it provides Transportation Services.

Job Title: List the organizational specific job category.

Estimated Annual Turnover: Using the provided drop down menu, indicate the estimated annual turnover experienced for this job category. The responses are in 20% increments. Please utilize the following formula to determine the proper increment to utilize.

$$[(\text{Number of Employees Paid}) \div (\text{Number of Employees at Year End})] - 1$$

Where ‘Number of Individuals Paid’ is the count of individuals working within the job classification during the year and ‘Number of Employees at Year End’ is the count of employees working within the job classification at the end of the year. If your organization does not track this information by individual job classification, the value can be calculated for the entire organization and used for all job classifications reported.

Employee, Contractor: Is the job category listed an employee of the organization or a contracted employee of the organization (Note, this is a drop down menu). If both employee and contractor apply please list each on separate line.

Supervisor, Non-Supervisor: Is the job category listed a supervisor of other job categories or does not have supervisory duties (Note, this is a drop down menu). If both apply please list each on separate line.

Number of Full-Time Equivalents: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category. The number of FTEs can be calculated by determining the number of hours paid (including overtime) for the job classification and dividing by 2,080.

Annual Hours Paid ÷ 2,080

Number of Full-Time Equivalents, Paid at Minimum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the minimum actual wage paid.

Number of Full-Time equivalents, Paid at Maximum per Hour: Please note the number of *full-time* equivalents within your organization for the job category that are paid at the maximum actual wage paid.

Weighted Average Wages Per Hour: Note the lowest wage paid, the highest wage paid and the weighted average wage paid among all employees within this job category. This wage should reflect the base regular hourly wage paid (including shift differential) to the individuals in the job category, excluding any overtime. The weighted average wage paid can be calculated by the summing the total of the number of FTE multiplied by the FTE actual wage.

FTEs that are Overtime Hours: Please note the number of *full-time* equivalents (FTEs) within your organization for the job category resulting from overtime. The number of FTEs can be calculated by determining the number of overtime hours paid for the job classification and dividing by 2,080.

Annual Overtime Hours Paid ÷ 2,080

These FTEs are included in the “Number of Full-Time Equivalents” above, but the survey asks that the “Overtime FTEs” be broken out in order to see the amount of overtime required of providers.

Weekly Hours DIRECTLY Supervised: Indicate the average amount, per employee, of weekly supervision provided by the organization to this job category. This amount is the number of hours of ‘eyes-on’ supervision provided to assess satisfactory completion of duties.

Annual Hours of PAID Training: Indicate the average amount, per employee, of training provided by the organization to the job category.

An example of the wage and salary reporting for a single job classification has been provided at the end of this document, or you can move directly to the example by pressing the control button (Ctrl) and clicking on the link here: [Example](#).

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Schedule TR2 Utilization of Direct Care Staff

If your organization provides Day Treatment & Training Services, you will not be required to respond to the schedules of the survey associated with Transportation Services.

Schedule TR2 utilizes the job categories entered on Schedule TR1. For each job category indicate the percentage (to the nearest 10%) of time the specific job category is utilized to deliver the listed services to clients. This schedule displays only services defined as Transportation services. Space is provided if the job category delivers other services not displayed on this schedule. The schedule will automatically sum the portion of time and note (as “Error”) when the job category has either more than or less than 100% of time committed to services.

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Schedule TR3 Direct Care Staff Time & Base Assumptions

If your organization provides Day Treatment & Training Services, you will not be required to respond to the schedules of the survey associated with Transportation Services.

For each service type that your organization provides in Day Treatment & Training services indicate the time or value for the following in the space provided.

Number of Days per year clients are transported: Indicate the number of days per year the service operates.

Typical number of days per year an individual client is transported: Indicate the average annual days that an individual client requires the service.

Typical number of individuals scheduled to be transported, per vehicle: Indicate the average number of clients scheduled to be transported per trip.

Typical number of individuals to actually be transported, per vehicle: Indicate the average number of clients actually transported per trip.

Typical passenger size of vehicle utilized for transportation?: Indicate the average passenger size of the vehicle used to perform transportation services.

Average insurance cost per vehicle?: Indicate the average annual cost to insure the vehicle(s) utilized for client transportation.

Average miles per gallon, per vehicle?: Indicate the overall approximate average miles per gallon experienced, per vehicle.

Typical number of staff utilized for transportation in each vehicle?: Indicate the average number of staff utilized to perform the transportation services, per vehicle.

Annual Training time provided by employer, per staff, 1st year (hours): Indicate the average amount of annual training staff receives during the first year of employment.

Annual Training time provided by employer, per staff, after 1st year (hours): Indicate the average amount of annual training staff receives after the first year of employment.

Average time per staff member engaged in transport of clients both to & from program (hours): Indicate the average time, per staff member performing the transportation service, required to transport clients both to and from programs.

Average distance to transport clients both to & from program (miles): Indicate the average distance traveled to transport clients both to and from programs.

Additional space has been provided if there are additional factors that your organization feels should be considered for each service.

Ground speed assumption:

For client transportation needs, indicate in the space provided your organizational experience.

Is an average ground speed of 30 mph sufficient for client transportation needs?

(Yes/No): Using the drop down menu, indicate whether 30 mph is sufficient for an average ground speed for client transportation needs.

If not, what is a reasonable ground speed?: If 30 mph is not sufficient, please indicate the ground speed that you feel is more appropriate.

Additional space has been provided if you have general comments regarding the services.

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Schedule TR4 Current Rates Feedback

If your organization provides Day Treatment & Training Services, you will not be required to respond to the schedules of the survey associated with Transportation Services.

Schedule TR4 lists the current rate information for each Transportation Service.

For each service your organization delivers indicate the following:

Provided by Organization: Indicate whether your organization provides the service, by placing an “X” in this box (left of service description).

Is the Rate Appropriate: Select from the drop down menu your opinion as to the general appropriateness of the current rate.

Most Appropriate Rate: If you feel the current rate is inappropriate, please enter the rate you feel would be more appropriate.

Priority: Please rank the general priority (value of 1, Highest to 10, Lowest) from the drop down menu that your organization feels should be given for each service in the Home Based and Independent Living group of services.

For Transportation Services, if the 'Most Appropriate Rate' entered on this schedule is a 10% (or greater) increase or decrease to the current rate, the service will be listed within the section at the bottom of the page. Please provide a brief explanation in the space provided for your reasons for the suggested rate change.

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Schedule 6 Direct Care Staff, All Services

Schedule 6 provides a listing of all Direct Service Staff provided within this survey. For each job title listed, please provide a current job description in conjunction with the submission of this survey. Each job description should include:

- ☐ Duties and responsibilities,
- ☐ Educational requirements,
- ☐ Work experience requirements,
- ☐ Qualifications required to differentiate between minimum and maximum wages and salaries for each Direct Service Staff.

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FINAL STEPS

After you have completed the survey, select “File” then “Save.” Please email the survey tool as an attachment to DDDProviderSurvey@burnshealthpolicy.com.

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Wage & Salary Example:

10 individual FTEs for a single job classifications were paid during the year at the following wage and paid the following hours during the year:

<u>Position</u>	<u>Wage</u>	<u>Hours</u>	<u>FTE</u>	<u>OT Hours</u>
FTE1	\$10.00	2,600	1.25	520
FTE2	\$10.50	2,080	1.00	
FTE3	\$10.50	2,080	1.00	
FTE4	\$10.50	2,600	1.25	520
FTE5	\$11.00	1,040	0.50	
FTE6	\$11.00	1,040	0.50	
FTE7	\$11.00	2,080	1.00	
FTE8	\$11.00	2,080	1.00	
FTE9	\$12.00	2,080	1.00	
FTE10	\$12.00	2,080	1.00	
Total		19,760	9.50	1,040

To enter the data for this job classification using this example:

Number of Full-Time Equivalents*	Number of Full-Time Equivalents		Weighted Average Wages Per Hour (Regular Time)			FTEs that are Overtime Hours
	Paid at Minimum Per Hour	Paid at Maximum Per Hour	Minimum Per Hour	Maximum Per Hour	Average Per Hour**	

Formula (described in instructions)

<i>Total hours ÷ 2,080</i>	<i>Count of FTE paid at min.</i>	<i>Count of FTE paid at min.</i>	<i>Minimum wage paid</i>	<i>Maximum wage paid</i>	<i>Weighted Avg wage paid</i>	<i>Number of OT hours ÷ 2,080</i>
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Application to Example:

$19,760 \div 2,080$	$1.25 (@ \$10.00)$	$2 (@ \$12.00)$	$\$10.00$	$\$12.00$	$(10.00 * 1.25 + 10.50 * 3.25 + 11.00 * 4 + 12.00 * 2) \div 9.50$	$1,040 \div 2,080$
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Values entered:

9.50	1.25	2	\$10.00	\$12.00	\$10.91	0.50
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* Note that the calculation for Number of Full-Time Equivalents includes hours paid for overtime.

**Note that the average per hour has been rounded to the nearest \$0.01.

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